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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **256281** **(7)**

1. Corporation Name
RO-LEN LAKE GARDENS "F" CORPORATION

Principal Place of Business	Mailing Address
714 S W 11TH AVE HALLANDALE FL 33009	714 S W 11TH AVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1962

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-0966885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALMAN, IRENE
725 SW 11TH AVENUE
SUITE 2
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LACOURSIERR, FABIEN		1.2 NAME		
STREET ADDRESS	725 SW 11TH AVENUE -F16		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	~~S~~ P/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARANO, OLIVIA		2.2 NAME		
STREET ADDRESS	725 S.W. 11TH AVE,APT 15		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUSCINO, YOLANDA		3.2 NAME		
STREET ADDRESS	725 SW 11 AVE F8		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KALMAN, IRENE		4.2 NAME		
STREET ADDRESS	725 S.W. 11 AVE, #2		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE	FLEURETTE Rock	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VIP D		5.2 NAME		
STREET ADDRESS	725 SW 11 AVE -F-12		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL		5.4 CITY-ST-ZIP		
TITLE	DIR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANGELINA ANDREINI		6.2 NAME		
STREET ADDRESS	725 SW 11 AVE F-5		6.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Olivia Marano 2-16-98 954-925-34