

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 271479 (8)

1. Corporation Name

RO-LEN LAKE GARDENS "R" CORPORATION



Principal Place of Business

714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009

Mailing Address

714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

07/01/1963

3a. Date of Last Report

04/28/1995

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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 607.0507 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 607.3505, Florida Statutes.

SIGNATURE

Joseph Vesce

(NOTE: Registered Agent Signature required when changing)

8/4/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DIP-LOLS HOLZNECHT
BURGREEN, JACK
920 SW 10TH TERR APT. #24
HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
VESCE, RITA
920 SW 10TH TERR APT. 2
HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
WEISS, EDWARD
920 SW 10TH TERR APT. #12
HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SCHNEIDER, ANN
920 SW 10TH TERR APT 6
HALLANDALE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRES IDIR
ROOKASIN, GILBERT
920 SW 10TH TERR APT 9
HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LENSCH, WILLIAM
920 S.W. 10TH TERR., #23
HALLANDALE FL

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gilbert Rookasin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/96

Date

458-7640

Display Phone

CR2E034 (12/95)