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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **271479** **(8)**

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

Principal Place of Business	Mailing Address
714 SOUTHWEST 11TH AVENUE **HALLANDALE FL 33009**	**714 SOUTHWEST 11TH AVENUE** **HALLANDALE FL 33009-6755**

3. Date Incorporated or Qualified: **07/01/1963**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VESCE, JOSEPH
920 SW 105TH TERRACE
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	~~PRP~~ DIR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLZNECHT, LOIS		1.2 NAME		
STREET ADDRESS	920 SW 10TH TERRACE #24		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VESCE, RITA		2.2 NAME		
STREET ADDRESS	920 SW 10TH TERR APT. 2		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEINER, ELAINE		3.2 NAME		
STREET ADDRESS	920 SW 10TH TERRACE APT 12		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	D/V Pres	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BISSONETTE, JACKIE		4.2 NAME		
STREET ADDRESS	920 SW 10TH TERR APT 6		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROOKASIN, GILBERT		5.2 NAME		
STREET ADDRESS	920 SW 10TH TERR APT 9		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LENSCH, WILLIAM		6.2 NAME		
STREET ADDRESS	920 S.W. 10TH TERR., #23		6.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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, added or on an attachment with an address.

SIGNATURE: GILBERT ROOKASIN CERTIFIED Gilbert Rookasin 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112695