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FILED

Apr 08 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 # 271479 (8)

1. Corporation Name

RO-LEN LAKE GARDENS "R" CORPORATION

Principal Place of Business

Mailing Address

714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009

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HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1963

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

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VESCE, JOSEPH
920 SW 10TH TERRACE
SUITE 2
HALLANDALE FL 33009

10th Terrace

81 Name

ANNA SCHNEIDER

82 Street Address (P.O. Box Number is Not Acceptable)

920 SW 10th Terrace R-6

83 HALLANDALE, FL

84 City

FL 85 Zip Code

33009

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

Anna Schneider

4/7/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HOLZNECHT, LOIS
STREET ADDRESS 920 SW 10TH TERRACE #24
CITY-ST-ZIP HALLANDALE FL

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

TITLE D
NAME WENER, ELAINE
STREET ADDRESS 920 SW 10TH TERRACE APT 12
CITY-ST-ZIP HALLANDALE FL

TITLE DVP
NAME BISSONETTE, JACKIE
STREET ADDRESS 920 SW 10TH TERR APT 8
CITY-ST-ZIP HALLANDALE, FL 00000

TITLE D
NAME ROOKASIN, GILBERT
STREET ADDRESS 920 SW 10TH TERR APT 9
CITY-ST-ZIP HALLANDALE FL

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PRES D
JOSEPH VESCE R-2
920 SW 10th Terrace
Hallandale, FL 33009

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

Joseph A. Vesce Joseph A. Vesce 4/6/98 954-458-2419

CR2E034 (10/97)