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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 271479

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

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ANNA
920 SW 10TH TERRACE
R-6
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DIR~~
NAME VESCE, JOSEPH
STREET ADDRESS 920 SW 10TH TERRACE #2
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE D
NAME WEINER, 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 6
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
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/D
1.2 NAME JOCELYN VINETTE
1.3 STREET ADDRESS 920 SW 10TH TERRACE - #21
1.4 CITY-ST-ZIP HALLANDALE, FL

2.1 TITLE DIR
2.2 NAME WILLIAM GAMBINI
2.3 STREET ADDRESS 920 S.W. 10th Terrace R-3
2.4 CITY-ST-ZIP HALLANDALE, FL

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

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, with all other like empowered.

SIGNATURE:

JOCELYN VINETTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)