FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 619059

(9)

ROLMALA, INC.

7410 WOODMONT COURT BOCA RATON FL 33434-3211

2. Principal Place of Business

Suite, Apt #, etc

SIGNATURE:

City & State

21

22

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| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|

Mailing Address

26. Mailing Address

City & State

Suite, Apt. #, etc.

26

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7410 WOODMONT COURT BOCA RATON FL 33434-3211

FILED Apr 22 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

04/27/1979

65-0283011

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

08/14/1996

| Zip | | Country | Zip | | Country | | | 8. This corporation has liability for intangible tax under | | | s. 199.032, | |
|---|-----------------|---------------|-----|-------------|------------------------|---|----------------------|--|-------------------|----------|--------------|--|
| 24 | | 25 | 29 | | 10 | | | Florida Statutes Yes No | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | | | | |
| LOR | rberbaum, | , robert | | | 8 | u | Name | | | | | |
| 7410 WOODMONT COURT BOCA RATON FL 33434-3211 | | | | | 8: | 2 | Street Addre | ess (P.O. Box Number is Not Accepta | able) | | | |
| | | | | | | de direct Addiess (1.0. Dax Natificel la Nati Addeptable) | | | | | | |
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| | | | | | - | 4 | City | | | 1001 70 | <u></u> | |
| | | | | | 0 | " | 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 typic or printed name of represent and life if applicable (NOTE Registered Agent algorithms agreed when reinstating) DATE | | | | | | | | | | | | |
| 12. | aignature typeo | OFFICERS AND | | (NOTE | 13. | -gen | it signature require | | DATE ICEDS AND | DIDITATA | 00 101 40 | |
| TITLE [| р | OTTIOCHO AND | | DELETE | 1.1 TALE | F | | ADDITIONS/CHANGES TO OFF | ICERS AND | Change | Addition | |
| NAME | LORRERI | BAUM, ROBERT | • | | 1.2 NAME | | - | | , | | 7,201,1011 | |
| 1 | | ODMONT COURT | | | | | | • | | | } | |
| STREET ADDRESS | | ATON FL 33434 | | | 1.3 STREE | | | | | | | |
| CITY-ST-ZIP TITLE | ST | 101116 00101 | | DELETE | 1.4 CITY- 2.1 TITLE | | ·ZiP | | | Change | Addition | |
| NAME | . | BAUM, MARILYN | L | OLLEN | 2.1 VILE | | . } | | ' | | L., Addition | |
| STREET ADDRESS | | ODMONT COURT | | | 1 | _ | | | | | ł | |
| | | ATON FL 33434 | | | 2.3 STREI | | | | | | | |
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| STREET ADDRESS | | | | | 3.3 STREE | | | | | | ļ | |
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| NAME | | | L | OLCCIL | 4. 2 NAM | | 1 | | ' | cinerige | Addition | |
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| STREET ADORESS | | | | | 4.3 STREI | | | | | | ļ | |
| CITY-ST-7:F* | | | | DELETE | 4.4 CITY - | | - ZIP | · · · · · · · · · · · · · · · · · · · | | Change | Addition | |
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| NAIVE) | | | | | 5.2 NAME | | | | | | | |
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| NAME | | | | | 62 NAME | | 1 | | | | 1 | |
| STREEL ADDRESS | | | | | 6.3 STRE | ET A | ADDRESS | | | | | |
| CITY-SI-ZIP | | | | | 6.4 CITY- | | | | | | | |
| 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 B | | | | | | | | | | | | |

NAME OF SIGNING OFFICER OR DIRECTOR