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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000001397 (5) DOCUMENT

FILED Feb 18 1998 8:00am Secretary of State

ROLYN CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 11809 NEBEL ST 11609 NERFL ST **ROCKVILLE MD 20852 ROCKVILLE MD 20852** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 52-1247718 26 21 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERGMAN, GERTRUDE 3000 NW 42ND AVE #B203 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33086** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1111111 Change Addition BERGMAN, RONALD NAME 1.2 NAME 11609 NEBEL ST STREET ADDRESS 1.3 STREET ADDRESS **ROCKVILLE MD** 1.4 CITY-ST-ZIP CITY-ST-7iP Change Addition DELETE TITLE 2.1 TITLE BERGMAN, SAMUEL J 2.2 NAME 11609 NEBEL ST STREET ADDRESS 2.3 STREET ADDRESS **ROCKVILLE MD** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE BERGMAN, LYNNE S NAME 3.2 NAME 11609 NEBEL ST STREET ADDRESS 3.3 STREFT ADDRESS ROCKVILLE MD 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE BERGMAN, AMANDA G 4. 2 NAME NAME 11609 NEBEL ST 4.3 STREET ADDRESS STREET ADDRESS **ROCKVILLE MD** CITY-\$T-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5 1 11TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DEFETE ☐ Change ☐ Addition 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

hed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information specific amount report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an preceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual product.

AMANDA G. BERGMAN, TREAS 2-11-98 SIGNATUR