FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G63354** **(6)**

1. Corporation Name

RONDO, INC.

Principal Place of Business	Mailing Address
425 N. OCEAN BLVD. BOCA RATON FL 33432-4211	425 N. OCEAN BLVD. BOCA RATON FL 33432-4211

3. Date Incorporated or Qualified: **10/03/1983**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **59-2340727** ☐ 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 **XX** Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

~~RAYMOND, JOHN J., JR.~~
~~1200 N FED HWY SUITE #441~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name: Susan Baumel
82 Street Address (P.O. Box Number is Not Acceptable): 750 S. Dixie Hwy
83
84 City: Boca Raton **FL** 85 Zip Code: 33432

11. Pursuant to the provisions of Section 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: Susan K. Baumel Susan Baumel 3/12/96
(Signature for the Registered Agent) (Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☒ Addition
NAME	ROSILLO, RONALD		12 NAME		
STREET ADDRESS	218 FAIRVIEW AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	VOORHEES NJ		14 CITY-ST-ZIP	08043	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☒ Addition
NAME	POLETTI, WILLIAM		22 NAME		
STREET ADDRESS	904 SUMNEYTOWN PIKE, STE. 300		23 STREET ADDRESS		
CITY-ST-ZIP	AMBLER PA		24 CITY-ST-ZIP	19002	
TITLE	S	☐ DELETE	31 TITLE	T	☐ Change XX Addition
NAME	WOLK, SUZETTE		32 NAME		
STREET ADDRESS	4 TIMBER CIRCLE		33 STREET ADDRESS		
CITY-ST-ZIP	SUGARLOAF PA		34 CITY-ST-ZIP	18249	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Suzette Wolk Suzette Wolk 3/29/96 (407)395-4491
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)
Vice President

CR2E034 (12/95)