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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51093

(3)

**ROLLING THUNDER REALTY COMPANY** 

| FILED              |
|--------------------|
| Mar 03 1997 8:00am |
| Secretary of State |

| A 184 INC. ALC: 40161 (1811 86118                                     | BRANC COLUMNS    | BIER BARR BIRR | ALGER BIGGS 188 |
|---|------------------|----------------|-----------------|
|   |                  |                |                 |
| - 1 120 16 11 0601 9110: 1,04: 00/10                                  |                  |                |                 |
| - 1   8 8   8   8   8   8   8   9   1   1   1   1   1   1   1   1   1 |                  |                |                 |
| .   | INTERNITOR       |                |                 |
|   | 78198 1771 BIBIT |                |                 |

| r rincipal riaci                |   | Mailing Address                    |                         |          |                 | •                                       |             |               |                |
|---------------------------------|---|------------------------------------|-------------------------|----------|-----------------|---|-------------|---------------|----------------|
| 420 LINCOLN RD. 420 LINCOLN RD. |   |                                    | ·                       |          |                 |   |             |               |                |
| SUITE 512<br>MIAMI BEACH        | F) 33139  | SUITE 512<br>MIAMI BEACH FL 33139- | 3067                    |          |                 | ,                                       |             |               |                |
| MINMI DENOIT                    | 12 00100  | MINIMI DENOIT LE COLOR             | •••                     |          |                 | 3. Date Incorporated or Qualified       | 3. Da       | te of Last    | Report         |
|                                 |   |                                    |                         |          |                 | 04/08/1985                              |             | 1/1996        |                |
| 2. Principal P                  | lace of Business  | 2a. Mailing Address                |                         |          |                 | 4, FEI Number                           | 1 7 7 7     |               | Applied For    |
| 21                              |   | 26                                 |                         |          | 1               | 59-2514532                              |             |               | ot Applicable  |
| Suite, Apt                      | #, etc  | Suite, Apt. #, etc.                |                         |          |                 | - O-11                                  |             |               | Additional     |
| 22                              |   | 27                                 |                         |          |                 | 5. Certificate of Status Desired        |             | Fee F         | Required       |
| City & State                    | 3   | City & State                       |                         |          |                 | 6. Election Campaign Financing          |             | \$5.00        | May Be         |
| 23                              |   | 28                                 |                         |          |                 | Trust Fund Contribution                 |             |               | to Fees        |
| Zip                             | Country   | Zφ                                 | Countr                  | у        |                 | 8. This corporation has liability for i | ntargible   | tax under     | s. 199.032,    |
| 24                              | 25  | 29                                 | 30                      |          | i               | Florida Statutes                        | Yes [       | ] No          |                |
|                                 | g. Name and Address of Currer   | nt Registered Agent                |                         |          |                 | 10. Name and Address of New Re          | gistered A  | gent          |                |
| SCH                             | EINBERG, BRUCE J.   |                                    | 81                      | Na       | ame             |   |             |               |                |
| 420                             | LINCOLN RD.   |                                    | 82                      | Str      | reat Arthres    | s (P.O. Box Number is Not Acceptab      | da)         |               |                |
| SUN                             | E 512   |                                    | "                       |          | out Addres      | ss (r.o. box Noriber is Not Acceptab    |             |               |                |
| MIAI                            | MI BEACH FL 33139   |                                    | 83                      | 1        |                 |   |             |               |                |
|                                 |   |                                    |                         |          |                 |   |             | 71            |                |
|                                 |   |                                    | 84                      | Cit      | ty              |   | FL          | <b>85</b> Zip | Code           |
| 11. Pursuant                    | to the provisions of Sections 607.050   | 2 and 607.1508, Florida Statu      | ules, the abov          | re-nar   | med corpor      | ration submits this statement for the p | urnose of   | changing      | its registered |
| office or r                     | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | of Florida. Such change was        | authorized b            | v the    | corporation     | n's board of directors. I hereby accep  | at the appo | pintment a    | s registered   |
| -                               | Training with and accept the cong   | anons of, dection dor.dood, t      | MINO DIGITIE            | ·5.      |                 |   |             |               |                |
| SIGNATURE                       | Signature, type-flor prioted name of registered agr                             | en: and title if applicable (NC    | TE: Registered Ag       | ent sign | nature required | when reinslating)                       | DATE        |               |                |
| 12.                             |   | D DIRECTORS                        | 13.                     | · · · ·  |                 | ADDITIONS/CHANGES TO OFFICE             | *****       | DIRECTO       | RS IN 12       |
| TITLE                           | PŠT   | DELETE                             | 1.1 TITLE               |          |                 |   | ***         | Change        |                |
| NAME                            | SCHEINBERG, BRUCE J.  |                                    | 1.2 NAME                |          |                 |   |             |               |                |
| STREET ADDRESS                  | 420 LINCOLN RD, S-512   |                                    | 1.3 STREE               | T ADDA   | IESS            |   |             |               |                |
| CITY ST-ZIP                     | MIAMI BEACH FL  |                                    | 1.4 CITY-               |          |                 |   |             |               |                |
| TITLE                           | D   | DELETE                             | 2.1 TITLE               | O1 L     |                 |   |             | Change        | Addition       |
| NAME                            | SCHEINBERG, BRUCE J.  |                                    | 2.2 NAME                |          |                 |   |             | _             | _              |
| STREET ADDRESS                  | 420 LINCOLN RD, S-512   |                                    | 2.3 STREE               |          | 1566            |   |             |               |                |
| CITY - ST - ZIP                 | MIAMI BEACH FL  |                                    | 2.4 CITY-               |          |                 |   |             |               |                |
| TITLE                           |   | ☐ DELETE                           | 3.1 TITLE               | -31-2IF  | <del></del>     |   |             | Change        | Addition       |
| NAME                            |   | _ Perest                           | 3.2 NAME                |          |                 |   |             | mai onairyo   | La rioution    |
| STREET ADDRESS                  |   |                                    |                         |          | utee            |   |             |               |                |
|                                 |   |                                    | 3.3 STREE               |          |                 |   |             |               |                |
| CITY - ST - ZIP<br>TITLE        |   | DELETE                             | 3.4. CITY-<br>4.1 TITLE | 51 - ZIP |                 |   |             | ☐ Change      | Addition       |
|                                 |   |                                    | 1                       |          |                 |   |             | TI Aliquide   | L. Audition    |
| NAME<br>STREET ADJUSTES         |   |                                    | 4. 2 NAME               |          |                 |   |             |               |                |
| STREET ADDRESS                  |   |                                    | 4.3 STREE               |          | itss            |   |             |               |                |
| CITY - ST - ZIP                 |   | T NELEXE                           | 4.4 CiTY-1              | ŞT - ZIP |                 |   |             | 6             | Aare.          |
| TITLE                           |   | ☐ DELETE                           | 5.1 TITLE               |          |                 |   |             | Change        | Addition       |
| NAME (                          |   |                                    | 5.2 NAME                |          |                 |   |             |               |                |
| STREET ADDRESS                  |   |                                    | 5.3 STREE               | t addr   | IESS            |   |             |               |                |
| CITY - ST - ZIP                 |   |                                    | 5.4 CITY - 1            | ST-ZIP   |                 |   |             |               |                |
| TITLE                           |   | ☐ DELETE                           | 6.1 TITLE               |          |                 |   |             | Change        | Addition       |
| NAME                            |   |                                    | 6.2 NAME                |          |                 |   |             |               |                |
| STREET ADDRESS                  |   |                                    | 6.3 STREE               | T ADDR   | ESS             |   |             |               |                |
| CITY - ST - ZIP                 |   |                                    | 6.4 City-:              | ST - ZIP |                 |   |             |               |                |
|                                 | ov certify that the information supplie   | d with this filing does not qua    |                         |          |                 | Section 119.07(3)(i), Florida Statutes  | Lfurther    | certify the   | it the         |

I. 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 namual 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 corporator while receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Flock 13 if going in on an attachment with an address.

SIGNATURE SIGNATURE AND WPED OR PHINTED NAME OF SIGNING OFFICES OR PIRECTOR

/26/97 (305)538-75 75 Dayling Phone