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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J49117 (1)

1. Corporation Name
ROIL CORPORATION

Principal Place of Business
2999 N.E. 191ST ST. #900
N. MIAMI BEACH FL 33180

Mailing Address
2999 N.E. 191ST ST. #900
N. MIAMI BEACH FL 33180-3117



2. Principal Place of Business

21 1 E Broward Blvd
Suite, Apt. #, etc. #1705

22 City & State
Ft Lauderdale FL

23 Zip 33301 Country USA

2a. Mailing Address

26 1 E Broward Blvd
Suite, Apt. #, etc. #1705

27 City & State
Ft Lauderdale FL

28 Zip 33301 Country USA

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
04/26/1996

4. FEI Number
38-2687570

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIN, MICHAEL
2999 N.E. 191ST ST. #900
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name Michael Levin
82 Street Address (P.O. Box Number is Not Acceptable)
1 East Broward Blvd
83 Suite 1705
84 City Ft Lauderdale FL 85 Zip Code 33301

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 applying with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE *[Signature]* Michael Levin DATE 3-19-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEVIN, RALPH | |
| STREET ADDRESS | 19707 N.E. 38TH CT. #10-K | |
| CITY - ST - ZIP | NORTH MIAMI BEACH FL 33180 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | LEVIN, ROBERT | |
| STREET ADDRESS | 32840 DEQUINDRE ROAD | |
| CITY - ST - ZIP | WARREN MI 48092 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | LEVIN, MICHAEL | |
| STREET ADDRESS | 2999 N.E. 191ST ST. #900 | |
| CITY - ST - ZIP | N. MIAMI BEACH FL 33180 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Michael Levin, STD |
| 3.3 STREET ADDRESS | 1 E. Broward Blvd # 1705 |
| 3.4 CITY - ST - ZIP | Ft Lauderdale, FL 33301 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Michael Levin DATE 3-19-97 954 713 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP/STY (3/96)