

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J80827 (5)
1. Corporation Name
ROLIHO, INC.

Principal Place of Business
643 CRICKLEWOOD TERRACE
HEATHROW FL 32746

Mailing Address
643 CRICKLEWOOD TERRACE
HEATHROW FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 120 INTERNATIONAL PKWY Suite, Apt. #, etc. SUITE 220 City & State HEATHROW FL Zip 32746 Country USA		2a. Mailing Address 26 120 INTERNATIONAL PKWY Suite, Apt. #, etc. SUITE 220 City & State HEATHROW FL Zip 32746 Country USA		3. Date Incorporated or Qualified 06/29/1987	
24 32746		25 SANITAGE		4. FEI Number 59-2846295	
27 SUITE 220		28 HEATHROW FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32746		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
31		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SOBERING, GRAY & WHITE P
201 SOUTH ORANGE AVENUE, SUITE 760
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name ROBERT L. HORIAN
82 Street Address (P.O. Box Number is Not Acceptable)
120 INTERNATIONAL PKWY
83 SUITE 220
84 City HEATHROW FL 85 Zip Code 32746

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  R.L. HORIAN - PRES 4/10/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORIAN, ROBERT L.	1.2 NAME	
STREET ADDRESS	643 CRICKLEWOOD TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORIAN, YVETTE M.	2.2 NAME	
STREET ADDRESS	643 CRICKLEWOOD TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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  R.L. HORIAN - PRES 4/10/98 407 829 2401

CR2E034 (10/97)