

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90145 018 \*\*\*150.00

DOCUMENT # J80827

1. Corporation Name  
ROLIHO, INC.

Principal Place of Business  
120 INTERNATIONAL PKWY #220  
HEATHROW FL 32746  
US

Mailing Address  
120 INTERNATIONAL PKWY #220  
HEATHROW FL 32746  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1987

4. FEI Number

59-2846295

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 160 International Pkwy.

26 160 International Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 280

27 Suite 280

City & State

City & State

23 Heathrow, Florida

28 Heathrow, Florida

Zip Country

Zip Country

24 32746

25

USA

29 32746

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT L HORIAN  
120 INTERNATIONAL PKWY #220  
HEATHROW FL 32746

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

160 International Parkway, Suite 280

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME HORIAN, ROBERT L.  
STREET ADDRESS 643 CRICKLEWOOD TERR.  
CITY-ST-ZIP HEATHROW FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1918 Wingfield Drive  
1.4 CITY-ST-ZIP Longwood, Florida 32779

TITLE D ☐ DELETE

NAME HORIAN, YVETTE M.  
STREET ADDRESS 643 CRICKLEWOOD TERR.  
CITY-ST-ZIP HEATHROW FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1918 Wingfield Drive  
2.4 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT L. HORIAN 4/20/99 407 829-3400  
Date Daytime Phone #

CR2E034 (11/98)