

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K11384** (0)

1. Corporation Name  
**ROLLEM HOLDINGS, INC.**



Principal Place of Business

**1401 BRICKELL AVE #560  
8950 SW 137 AVE  
MIAMI FL 33131  
US**

Mailing Address

**1401 BRICKELL AVE #560  
8950 SW 137 AVE  
MIAMI FL 33131  
US**

3. Date Incorporated or Qualified  
**01/08/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

**FIELDSTONE, ROANALD, R, ESQ  
2601 S BAYSHORE DR  
SUITE 1600  
MIAMI FL 33133**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

81 Name

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

83

84 City

**FL** 85 Zip Code

4. FEI Number  
**65-0020101**

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

10. Name and Address of New Registered Agent

SIGNATURE

Sign in type or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TURNER, LAWRENCE</b>	
STREET ADDRESS	<b>7975 MIAMI LAKES DR</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEACH, NEIL</b>	
STREET ADDRESS	<b>1401 BRICKELL AVE #806</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSENBERG, MARSHAL E.</b>	
STREET ADDRESS	<b>1500 MONZA AVE #202</b>	
CITY- ST- ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>THORNE, LONDON K., III</b>	
STREET ADDRESS	<b>10420 SW 77TH AVE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDSTONE, RONALD R.</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-96**

**305-572-9545**

Date

Daytime Phone #

CR2E034 (12/95)