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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P25369

ROLL-SCREENS, INC.

(0))
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FILED	
May 08 1997 8:00am	1
Secretary of State	



Principal Place		Mailing Address					***	
7238 NW 70TH MIAMI FL 3316	I \$T. €	7238 NW 70TH ST. Miami Fl 33166-2902						
					3. Date Incorporated or Qualified 07/20/1989		te of Las	st Report
—	ace of Business	2a. Mailing Address		***************************************	4. FEI Number	1		Applied For
21		26			77-0219460			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	9	City & State			6. Election Campaign Financing			00 May Be
23		28			Trust Furid Contribution			ed to Fees
Zip	Country	Ζip	Countr	у	8. This corporation has liability for in	tangible	lax unde	er s. 199.032.
24	25	29	30		Florida Statutes	Yes [] No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	stered A	gent	
	JOWICZ, GREGG T.		81	1 Name				
	3 NW 70TH ST. MI FL 33166		82	Street Add	dress (P.O. Box Number is Not Acceptable	c)		
	W. 1 E 00100		83	3				
			84	1 City	**************************************		85 Z	ip Code
				1		<u>FL</u>		
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statu f Florida. Such change was	ites, the abov authorized b	ve-named cor ov the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of	changini vintment	g its registered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statuto	OS.	merre beare of one ottore. The loby boody	ano appro	, IIIIIII R	as registered
SIGNATURE .								
12.	Signature, typed or primed name of registered agent OFFICERS AND			gent signaturn requ	uired which reinstalling)	DATE	DIDEAT	050 41.10
TOTLE	PTD	DELETE	13. 1.1 TILLE		ADDITIONS/CHANGES TO OFFICE		Chang	
NAME	LEVY, ABRAHAM	[] ottete	1.2 NAME				L Griang	le [_] Addition
STREET ADDRESS	2965 HILLCREST DR. (304)							
CITY-ST-ZIP	THOUSAND OAKS CA		1.4 CITY -	1 ADDRESS S1-ZIP				
TITLE	SD	DELETE	2.1 TITLE				Chang	e Addition
NAME	BIBLIOWICZ, GREGG T.		2.2 NAME					
STREET ADDRESS	5604 SW 114TH AVE.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY	- S1 - ZIP				
TITLE	D	DELETE	3.1 11TLE				Chang	e Addition
NAME	BIBLIOWICZ, GREGG T.		3.2 NAME					
STREET ADDRESS	5804 SW 114TH AVENUE		3 3 STHEE	1 ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		3.4. CITY-	-S1-70P				
TITLE	D	OELETE.	4.1 1ITLE	1			Chang	e Addition
NAME	MAYER, MASHA		4. 2 NAME					
STREET ADDRESS	20130 NE 21ST-COURT	DO1040	4.3 STREE	1 ADDRESS				
CITY-ST-ZIP	N. MAMI BEACH FL	, se oc	4.4 CHY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TOLE				Chang	e Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 \$TREE	1 ADDRESS				
CITY-ST-ZIP			5.4 CHY	S1-2IP				
TITLE		DELETE	6.1 1/1LE				Chang	e Addition
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. I do hereby certify that the information supplied with this filing doos 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 supplieriental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the 7 growing in or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if charged or on an attachment with an address.