FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000023072 (0)**

1. Corporation Name

ROHL, INC.

Principal Place of Business
4100 GALT OCEAN DRIVE
SUITE 1601
FT. LAUDERDALE FL 33308

Mailing Address
1881 N.E. 26TH ST.
SUITE 95
WILTON MANORS FL 33305

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 03/13/1995
4. FEI Number: 65-0398633 — Applied For / Not Applicable
5. Certificate of Status Desired: X — **$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

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

LIPSHULTZ, HARRIETTE
1881 N.E. 26TH ST.
SUITE 95
WILTON MANORS FL 33305

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LIPSHULTZ, HARRIETTE	
STREET ADDRESS	4100 GALT OCEAN DR., APT 1601	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	☐ DELETE
NAME	O'HEARN, ROSLYN	
STREET ADDRESS	4100 GALT OCEAN DR., APT 1601	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D,	☒ Change ☐ Addition
1.2 NAME	Lipshultz, Harriette	
1.3 STREET ADDRESS	4100 Galt Ocean Mile, Apt. 1601	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308	
2.1 TITLE	VP, T, D	☒ Change ☐ Addition
2.2 NAME	O'Hearn, Roslyn	
2.3 STREET ADDRESS	4100 Galt Ocean Mile, Apt. 1601	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33308	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Ottino J.P. III	
3.3 STREET ADDRESS	1881 NE 26 St	
3.4 CITY-ST-ZIP	Wilton Manors, Fl 33305	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Harriette Lipshultz — 2/15/96 (954) 565-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harriette Lipshultz President