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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33305-1425

3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0398633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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. I am authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am filing with, and will maintain, the records of the corporation in the office of the Secretary of State, Florida Department of State, 1005, Florida Capitol Building, Tallahassee, Florida 32304.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPSHULTZ, HARRIETTE	
STREET ADDRESS	4100 GALT OCEAN MILE, APT 1601	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	O'HEARN, ROSLYN	
STREET ADDRESS	4100 GALT OCEAN DR., APT 1601	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OTTINO, J.P. 111	
STREET ADDRESS	1881 NE 26 STREET	
CITY - ST - ZIP	WILTON MANORS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	VPS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'Hearn, Roslyn	
2.3 STREET ADDRESS	2307 NE 17 Avenue	
2.4 CITY - ST - ZIP	Wilton Manors, FL 33305	
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 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 *Harriette Lipshultz* Harriette Lipshultz 2/12/97 (954) 545-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)