

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000037267 (0)

1. Corporation Name:

ROTLEWICZ, INC.

**APPROVED
AND
FILED**

95 APR 20 AM 10:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**10097 CLEARY BLVD
#289
PLANTATION FL 33324**

Mailing Address

**10097 CLEARY BLVD
#289
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

10/13/1994

4. FBI Number

65-0414992

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SHERMAN, HOWARD
2400 W CYPRESS CREEK RD
#204
FT LAUDERDALE FL 33309**

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when mandatory)

(Date)

12. OFFICERS AND DIRECTORS

PD
ROTLEWICZ, JAMIE M
10331 12 PLACE
PLANTATION FL 33322

VD
ROTLEWICZ, SHELBY M
10331 12 PLACE
PLANTATION FL 33322

VD
ROTLEWICZ, SHELBY M
10331 12 PLACE
PLANTATION FL 33322

VD
ROTLEWICZ, SHELBY M
10331 12 PLACE
PLANTATION FL 33322

VD
ROTLEWICZ, SHELBY M
10331 12 PLACE
PLANTATION FL 33322

VD
ROTLEWICZ, SHELBY M
10331 12 PLACE
PLANTATION FL 33322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
ROTLEWICZ, JAMIE M.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(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 a 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 in an attachment with an address.

SIGNATURE:

[Signature]

(Signature and typed or printed name of signing officer or director)

(305) 424-9418

Title

(Print Name)