

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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # P94000004277 (7)

1. Corporation Name

ROTMAN CONSULTING GROUP INC.



Principal Place of Business

1304 SW 160 AVE
SUITE 138
SUNRISE FL 33326

Mailing Address

1304 SW 160 AVE
SUITE 138
SUNRISE FL 33326-1902

3. Date Incorporated or Qualified
01/17/1994

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 4801 S. UNIVERSITY DRIVE
Suite, Apt. #, etc.

22 217

City & State

23 FT. LAUDERDALE, FL

Zip

24 33328

Country

25 BROWARD

2a. Mailing Address

26 4801 S. UNIVERSITY DR
Suite, Apt. #, etc.

27 217

City & State

28 FT. LAUDERDALE, FL

Zip

29 33328

Country

30 BROWARD

4. FEI Number

65-0567657 65-0457657

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

ROTMAN, JEFFREY R
407 LAKEVIEW DR.
APT. 101
FT. LAUDERDALE FL 33326

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLOMENDALE, ROSEANN	
STREET ADDRESS	1304 SW 160 AVENUE, STE 138	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROTMAN, JEFFREY R	
STREET ADDRESS	1304 SW 160 AVE., STE 138	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4801 S. UNIVERSITY DR SUITE 217
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33328
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4801 S UNIVERSITY DR SUITE 217
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33328
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

(954) 680-6633

Daytime Phone #

0266721

CR2E034 (9/96)