

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

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Jan 23 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 # P94000050360 (4)

1. Corporation Name
ROLO INTERNATIONAL, INC.



Principal Place of Business
% LYNN E. OIEN
22059 MARTELLA AVENUE
BOCA RATON FL 33433

Mailing Address
% LYNN E. OIEN
22059 MARTELLA AVENUE
BOCA RATON FL 33433-4659

3. Date Incorporated or Qualified 07/05/1994
3a. Date of Last Report 04/11/1996

4. FEI Number 65-0507756
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. 56-454
22 City & State
23 Zip

2a. Mailing Address

25 6671 W. INDIANTOWN ROAD
27 Suite, Apt. #, etc. 56-454
28 City & State JUPITER, FL.
29 Zip 33458
30 Country USA.

9. Name and Address of Current Registered Agent

OIEN, LYNN E
22059 MARTELLA AVE.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name LYNN E. OIEN
82 Street Address (P.O. Box Number is Not Acceptable) 6671 W. INDIANTOWN ROAD
83 SUITE 56-454
84 City JUPITER FL 85 Zip Code 33458

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 *L. E. Oien* PRES (NOTE: Registered Agent signature required when reinstating) DATE 1/14/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	OIEN, LYNN E	
STREET ADDRESS	22059 MARTELLA AVE.	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	DELETE
NAME	CROCKETT, JUNE	
STREET ADDRESS	22059 MARTELLA AVE	
CITY - ST - ZIP	BOCA RATON FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNN E. OIEN
1.3 STREET ADDRESS	6671 W. INDIANTOWN RD. SUITE 56-454
1.4 CITY - ST - ZIP	JUPITER, FL. 33458
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUNE OIEN
2.3 STREET ADDRESS	6671 W. INDIANTOWN RD, SUITE 56-454
2.4 CITY - ST - ZIP	JUPITER, FL. 33458
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: *L. E. Oien* PRES L. E. OIEN 1/14/97 561-694-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)