FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069165 (6)

1. Corporation Name
ROLLOVER FARM, INC.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480	251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address: c/o Mendoza,
21	26 Callas & Schilling
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 251 Royal Palm Way, #602
City & State	City & State
23	28 Palm Beach, Florida
Zip / Country	Zip / Country
24 / 25	29 33480 / 30 USA

4. FEI Number: 65-0523329 ☐ 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

DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D/S/T	☒ Change ☐ Addition
NAME	DE MENDOZA, MARIO G III	1.2 NAME	Edelman, Deen L.	
STREET ADDRESS	251 ROYAL PALM WAY	1.3 STREET ADDRESS	251 Royal Palm Way, 6th FL	
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		2.1 TITLE	AS	☐ Change ☒ Addition
NAME		2.2 NAME	Mendoza, Mario G. de III	
STREET ADDRESS		2.3 STREET ADDRESS	251 Royal Palm Way, 6th FL	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		3.1 TITLE	AS	☐ Change ☒ Addition
NAME		3.2 NAME	Wilkinson, Debra	
STREET ADDRESS		3.3 STREET ADDRESS	251 Royal Palm Way, 6th FL	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: (X) Deen L. Edelman, President (X) 3/6/95 (407) 791-9719
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — Daytime Phone #

0275668 CP