

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name
ROL-SPEC. INC.



Mailing Address

2 RIVER ROAD
WEST 232 ST
BRONX NY 10463-1016
US

3a. Date of Last Report

04/23/1996

2a. Mailing Address

26 Suite, Apt #, etc.

Applied For

	Not Applicable
\$8.75	Additional Fee Required

City & State

28

\$5.00 May Be
Added to Fees

Country

25

and

81	Name
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10. Name and Address of New Registered Agent

82	Street Address (P.O. Box Number is Not Acceptable)
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83

B4	City
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FL

B5	Zip Code
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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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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3.1 TITLE	Change	Addition

4.1 TITLE	Change	Addition
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E 4 TITLE	Change	Addition

6.1 TITLE		Change	Addition
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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 I am not an officer or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day n = Phone #

0497810

CR2E034 (9/96)