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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V30359** **(6)**

1. Corporate Name
ROLLEM REAL ESTATE, INC.

Principal Place of Business
1401 BRICKELL AVENUE
SUITE 550
MIAMI FL 33131
US

Mailing Address
1401 BRICKELL AVENUE
SUITE 550
MIAMI FL 33131-3506
US

3. Date Incorporated or Qualified: **04/20/1992**
3a. Date of Last Report: **02/20/1996**

2. Principal Place of Business
21 c/o Joel D. Sanders, CPA, PA
22 Suite, Apt. #, etc. 15628 SW 16th Street
23 City & State Pembroke Pines, Fl.
24 Zip 33027
25 Country USA

2a. Mailing Address
26 c/o Joel D. Sanders, CPA PA
27 Suite, Apt. #, etc. 15628 SW 16th Street
28 City & State Pembroke Pines, Fl.
29 Zip 33027
30 Country USA

4. FEI Number: **65-0327671** — 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
FIELDSTONE, RONALD R.
200 SOUTH BISCAYNE BLVD, #2100
MIAMI FL 33131

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 607.0508, 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FIELDSTONE, RONALD R	1.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #2100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LESTER, PAUL	2.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #2100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANDON, K. THORNE III	3.2 NAME	
STREET ADDRESS	4601 PONCE DE LEON #210	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEACH, NEIL E	4.2 NAME	
STREET ADDRESS	1401 BRICKELL AVE, #550	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I 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 TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #