


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90107 038 ***150.00

0147872

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V30359					
1. Corporation Name ROLLEM REAL ESTATE, INC.					
Principal Place of Business C/O JOEL SANDERS CPA. PA 15628 SW 16TH ST PEMBROKE PINES FL 33027 US			Mailing Address C/O JOEL SANDERS CPA. PA 15628 SW 16TH ST PEMBROKE PINES FL 33027 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/20/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0327671	
25 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FIELDSTONE, RONALD R. 200 SOUTH BISCAYNE BLVD, #2100 MIAMI FL 33131				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D FIELDSTONE, RONALD R <input type="checkbox"/> DELETE				
NAME	200 SOUTH BISCAYNE BLVD, #2100				
STREET ADDRESS	MIAMI FL				
CITY-ST-ZIP					
TITLE	D LESTER, PAUL <input type="checkbox"/> DELETE				
NAME	200 SOUTH BISCAYNE BLVD, #2100				
STREET ADDRESS	MIAMI FL				
CITY-ST-ZIP					
TITLE	D LANDON, K. THORNE III <input type="checkbox"/> DELETE				
NAME	4601 PONCE DE LEON #210				
STREET ADDRESS	CORAL GABLES FL				
CITY-ST-ZIP					
TITLE	D LEACH, NEIL E <input type="checkbox"/> DELETE				
NAME	1401 BRICKELL AVE, #510				
STREET ADDRESS	MIAMI FL				
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					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-99 820-241-9030

CR2E034 (11/98)