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

PROFIT CORPORATION ANNUAL REPORT. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V64943**

1. Corporation Name

ROLOMAC INTERNATIONAL INC.

Principal Place	e of Business	Mailing Addre	SS			()			
9550 BAY HARBOR TERR 9550 BAY HARBOR TERR SUITE 202 BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154				j 4		DO NOT WRITE IN THIS SPACE			
USUS					, 	-3 Date Incorporated or Qualifed	-		
		1 - 10 111 4				09/18/1992		\	
— ·	lace of Business	2a. Mailing Ad	Idress			4. FEI Number		Applied For	
21	26					65-0357654 Not Applic \$8,75 Addition		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>, </u>		5. Certifcate of Status Desired	1	Required	
City & State City & State 28				<u>/</u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip Cou			untry					
24	25 29 730				Personal Property Tax. Yes No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
MAZZOLINO, GUS 9550 BAY HARBOR TERR				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
SUITE 202				83		/			
BAT	HARBOR ISLAND FL 33154		ı	84	City		. 85 Zip	Code	
				L	<u> </u>	F			
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				nt signature requ	ared when reinstating) DATE	AND DIDECT	TODG IN 42	
12.	OFFICERS AND		13. DELETE 1.17	_		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	D MAZZOUNIO CUE	_		ITLE					
NAME	MAZZOLINO, GUS	000		AME				}	
STREET ADDRESS	9550 BAY HARBOR TERR., STE	202			FADORESS				
CITY-ST-ZIP	BAY HARBOR ISLAND FL			ITY-S	T-ZIP		☐ Change	Addition	
TITLE	D	L	DELETE 2.1 T					, Graduon	
NAME	NASH, MAUREEN	000		AME	}			ĺ	
STREET ADDRESS	9550 BAY HARBOR TERR., STE	202	2.3 S	TREE	ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND FL			CITY-S	iT-ZIP		Change	e Addition	
TITLE		L	DELETE 3.11				Change	, L. 40011001	
NAME				IAME:				-	
STREET ADDRESS			3.3 5	TREE	TADDRESS			-	
CITY-\$T-ZIP				CITY-S	T-ZIP		————	Addition	
TITLE		L	DELETE 4.11	ITLE	بــا ،	•	Change	Addition	
NAME			4.2	VAME					
STREET ADDRESS			4.3 \$	TREE	FADDRESS				
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TITLE		Ĺ	4	TTLE	1		Change	e 🔲 Addition	
NAME				IAME		•		ſ	
STREET ADDRESS			5.3 \$	TREE	TADORESS	AL TO SERVICE STATE OF THE SER			
CITY-ST-ZIP	2 % 18 S (2 % 2) 44 (4 M/2 18 M/2 3 M/4 18			ITY-S	T- ZIP				
TITLE ***** - / ' '			DELETE 6.17	ΠLE	}		Change	e	
NAME			6.2 N	IAME				ļ	
STREET ADDRESS	! *** * * * * * * * * * * * * * * * * *		6.3 9	TREET	ADDRESS			1	

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.

Mature

*

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #