

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90084 022 \*\*\*158.75

0337784

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L80723**

1. Corporation Name  
**ROLLBOARD, INC.**



Principal Place of Business  
**700 BANYAN TRAIL  
 BOCA RATON FL 33431**

Mailing Address  
**700 BANYAN TRAIL  
 BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/15/1990**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0202583**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**PLATH, ROBERT  
 3030 N.E. 44TH ST.  
 LIGHTHOUSE POINT FL 33064**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD  
 NAME: **PLATH, ROBERT**  
 STREET ADDRESS: **2030 N.E. 44TH ST.**  
 CITY-ST-ZIP: **LIGHTHOUSE POINT FL**

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS: **3030 NE 44th Street**  
 1.4 CITY-ST-ZIP: **33064**

2.1 TITLE:  Change  Addition  
 2.2 NAME: **Melinda Earley**  
 2.3 STREET ADDRESS: **700 Banyan Tr.**  
 2.4 CITY-ST-ZIP: **Boca Raton, FL 33431**

3.1 TITLE:  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY-ST-ZIP:

4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
 6.2 NAME:  
 6.3 STREET ADDRESS:  
 6.4 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:

*Melinda Earley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99**

Date

**561-998-2824**

Daytime Phone #

CR2E034 (11/98)