

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

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000074561 (6)**  
 1. Corporation Name  
**ROLLER GEAR, INC.**



Principal Place of Business 7200 ALOMA AVENUE SUITE G WINTER PARK FL 32792	Mailing Address 7200 ALOMA AVENUE SUITE G WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1997	
21. Suite, Apt. #, etc	22. City & State	25. Suite, Apt. #, etc	27. City & State	4. FEI Number 59-3480055	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29. Zip		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROUSE, ALEXANDER M 7200 ALOMA AVENUE SUITE G WINTER PARK FL 32792				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. *(Signature)* **(ALEXANDER ROUSE) C.D.O.** **1/29/98**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, ALEXANDER M	1.2 NAME	
STREET ADDRESS	7200 ALOMA AVENUE SUITE G	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT / CEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVALLO, LAWRENCE J	2.2 NAME	GREGORY BRACKETT
STREET ADDRESS	7200 ALOMA AVENUE SUITE G	2.3 STREET ADDRESS	7200 ALOMA AVE. STE G
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	WINTER PARK, FL 32792-7133
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CHIEF FINANCIAL OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUFFARD, EDWARD F	3.2 NAME	JAMES V. RUSSO
STREET ADDRESS	7200 ALOMA AVENUE SUITE G	3.3 STREET ADDRESS	7200 ALOMA AVE. STE G
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	WINTER PARK, FL 32792-7133
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, WILLIAM M	4.2 NAME	ROGER RUDD
STREET ADDRESS	7200 ALOMA AVENUE SUITE G	4.3 STREET ADDRESS	113 1/2 EAST ANN STREET
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	ANN ARBOR, MI 48104
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAR, FRANCIS G	5.2 NAME	
STREET ADDRESS	7200 ALOMA AVENUE SUITE G	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *(Signature)* **(ALEXANDER ROUSE)** **1/29/98** **407 672 0172**

CR2E034 (10/97)