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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Corporation	MENT # <b>S059</b> 0 ROLLERSHIP SERVICES,		(1)								
no pal Place of Business Ma 801 ORIENTA AVENUE. SUITE 1000 ALTAMONTE SPRINGS FL 32701			eiling Address 801 Orienta Avenue, Suite 1000 ALTAMONTE SPRINGS FL 32701					<b>i i</b> i i i i i i i i i i i i i i i i i	<b>3</b> io pipil 3oi	III BIDII BIBIL FOE	
							3. Date Incorporated 10/10/1990			of Last F	
Principal Pla	oce of Business	2a. Ma	ailing Address			·	4. FEI Number 59-303670			ÌÌ	Applied For Not Applicable
Suite, Apt. #	, etc.	Su	Suite, Apt. #, etc.				5. Certificate of Status	\$8.75 Additional Fee Required			
City & State	City & State		City & State				6. Election Campaign Financing		<b>\$5.00</b>		May Be
Zιμο	Country	28 Zır	)	Cou	intry		Trust Fund Contrib  8. This corporation ha	is liability for it	ntangible ta		d to Fees 199.032,
	25   9. Name and Address of Curre	29 ent Registere	ed Agent	30	···-·		Florida Statutes  10. Name and Addres		□ No egistered	Agent	
					81 N	Name	To. Maine and Place		ogratorou :	Agont	<del></del>
SABOFF, JAMES R.					82 Street Add		ess (P.O. Box Number is N	Not Acceptable	le)		
	IENTA AVENUE, SUITE 1000 DNTE SPRINGS FL 32701				83						
AL LANC	DIVIC OFFINOS FE 32/VI										
					84 (	City			FL	85 Z	p Code
Pursuant to or registere familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo u, and accept the obligations of Sec	02 and 607.15 irida. Such ch	508, Florida Statute ange was authorize	es, the abo ed by the o	ve-nan corpora	ned corpora ition's board	ation submits this statement of directors. I hereby acc	nt for the purposept the appo	nose of cha	inging its registered	registered offi d agent. I am
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SIGNATURE: JAMES A. SASUFF 1-16.96

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept. D