

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:21

DOCUMENT # 290113 (0)

1. Corporation Name  
**GATEWAY ROLLERDROME, INC.**

Principal Place of Business Mailing Address  
**1855 CASSAT AVENUE JACKSONVILLE FL 32210**      **1855 CASSAT AVENUE JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/19/1965</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-1090386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	25	26	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		28 City & State	
23	27	29	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent  
**HAFFKE, HARRY  
724 ESTATES COVE ROAD  
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 of office) \_\_\_\_\_ Registered Agent (typed or printed name and title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	VDS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFKE, MERLENE	12 NAME	
STREET ADDRESS	724 ESTATES COVE RD.	13 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	14 CITY, ST, ZIP	
TITLE	PDT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFKE, HARRY D	22 NAME	
STREET ADDRESS	724 ESTATES COVE RD	23 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to exercise the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE *HARRY D HAFFKE*      *2-20-95*  
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR