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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F82597 (8) FINZER ROLLER, INC. OF FLORIDA						
Principal Plac		Mailing Address	, , , , , , , , , , , , , , , , , , ,	I SARALARE ILAN IBNIA CIBRE BUILL IRNII 1800 B	INTO MINDI MINIE MINIE NICH MINIE AIN	II (84)
2580 OLD COM LAKELAND FL		2560 OLD COMBEE ROAD LAKELAND FL 33805-9526				
				3. Date Incorporated or Qualified 06/01/1982	3a. Date of Last Rep 05/01/1996	port
h	lace of Business	2a. Mailing Address		4. FEI Number 59-2192223		lied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			60 75	Applicable Iditional
22		27		5. Certificate of Status Desired	Fee Req	
Gity & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 M	
7/p	Country	Zip	Country	8. This corporation has liability for in		
24	25		0	Florida Statutes	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	pistered Agent	
FINZER, MARTIN 2580 OLD COMBEE ROAD LAKELAND FL 33805				dress (P.O. Box Number is Not Acceptab	le)	
	.041012 00000		83	110		
			84 City	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL 85 Zip Co	ode
SIGNATURE	Signature hypera or printed from of registered ager	of and title if applicable. (NOTE	Registered Agent signature requ	poration submits this statement for the p ation's board of directors. I hereby accep uired when rensisting) ADDITIONS/CHANGES TO OFFIC	DATE	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	FINZER, JOHN O., JR.	בי טוננונ	1.2 NAME		onange	_ Addition
STREET ADDRESS	3920 W. ARMITAGE AVE		1.3 STREET ADDRESS			ĺ
C4Y-SI-ZIP	CHICAGO IL		1.4 CITY - ST - ZIP)
THILE	STD	DELETE	2.1 TITLE		Change	Addition
NAME	FINZER, ELIZABETH M		22 NAME			İ
STREET ADDRESS	3920 W. ARMITAGE AV		2.3 STREET ADDRESS			
CHY-S1-7-P	CHICAGO IL	······································	2. 4 CITY - ST - ZIP			_
THE	V	☐ DELETE	3.1 TIRE		Change	Addition
NAME	SULLIVAN, ROBERT E.		3.2 NAME			
STHEET ADDRESS	3920 W. ARMITAGE AVENUE		3.3 STREET ADDRESS			
CHY-ST-ZIP TITLE	CHICAGO IL	DELETE	34. CITY-ST-ZIP 41 TITLE		☐ Change	Addition
		- D Mills	4. 2 NAME			C / NOVION
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			}
CITY-ST-ZIP			4.4 CITY+\$T-ZIP			1
HILE		DELETE	5.1 TALE		Change	Addition
NAME			5.2 NAME			-
STREET ADDRESS	1		5.3 STREET ADDRESS			-
CITY - S1 - ZIP			5.4 City - St - ZiP			ĺ
TILE		☐ DELETE	6.1 TITLE		Change	Addition

14. I do 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 corporations me 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 1

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 17 1997 8:00am

Secretary of State