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FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000003102 (1)

1. Corporation Name

ROLLER SHEAR CORPORATION

Principal Place of Business

6466 NW 5TH WAY
FT. LAUDERDALE FL 33309
US

Mailing Address

6466 NW 5TH WAY
FT. LAUDERDALE FL 33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

34-1004114

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PASSARIELLO, JOHN
6466 NW 5TH WAY
FT. LAUDERDALE FL 33309

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 CPS
NAME WHEELER, D. J.
STREET ADDRESS 1402 EAST LAS OLAS BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VCV
NAME WHEELER, MICHAEL
STREET ADDRESS 1402 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE T
NAME RILEY, NANCY H
STREET ADDRESS 1402 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPS
1.2 NAME Wheeler, D. J.
1.3 STREET ADDRESS 5800 Overseas Highway
1.4 CITY-ST-ZIP Marathon, FL 33050

2.1 TITLE VP
2.2 NAME Wheeler, Michael
2.3 STREET ADDRESS 7273 Division Street
2.4 CITY-ST-ZIP Bedford, Ohio 44146

3.1 TITLE T
3.2 NAME Riley, Nancy H.
3.3 STREET ADDRESS 105 Cumquat Road, N.W.
3.4 CITY-ST-ZIP Lake Placid, FL 33852

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

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

6.1 TITLE
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 address.

SIGNATURE

N. H. Riley

CR2E034 (10/97)