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

Block 12 or Block 13 / Changed, or on an

Machinent with an address

May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F9700000377 (8) CITY ROLLERS, LTD, CORPORATION Principal Place of Business Mailing Address 330 CLEMATIS ST 990 CLEMATIS ST W PALM BCH FL 33413 W PALM-BOH PL 33413 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For N BLYD JOUTHER 06-1253642 Not Applicable 21 Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 301 City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CONRAD, MARK 330 CLEMATIS ST #110 Street Address (P.O. Box Number is Not Acceptable) W PALM BCH FL 33413 83 Zip Code 84 City bove-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was author
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S SIGNATURE Signature, typind or printed name of roge tirred agent and title if applicable d Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE DELETE ITLE CONRAD, MARK CONRAD, MARK NAME JAME **615 WHITEWATER DR** STREET ADDRESS TREET ADDRESS W PALM BCH FL 33413 CITY-ST-ZIP HTY-ST-ZIP WPB, 33405 Change TITLE DELETE ITLE SHIMKUS, CHARLES J JR PC NAME 382 NEW BRITAIN AVE STREET ADDRESS TREFT ADDRESS HARTFORD CT 06106 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE NAME JAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE ITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition DELETE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an e this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for the Indicated on this annual report or suppliemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute.

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