

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90013 013 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F97000000377**

1. Corporation Name

**CITY ROLLERS, LTD. CORPORATION**

Principal Place of Business

**330 CLEMATIS ST  
W PALM BCH FL 33413**

Mailing Address

**333 SOUTHERN BLVD  
#301  
W PALM BCH FL 33405  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/23/1997**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**06-1253642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
\* Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CONRAD, MARK  
330 CLEMATIS ST #110  
W PALM BCH FL 33413**

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

**CONRAD, MARK CONRAD, PRESIDENT**

DATE

**9-15-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
CONRAD, MARK  
333 SOUTHERN BLVD, SUITE 301  
W P B FL 33405**

TITLE ☐ DELETE

**S  
SHIMKUS, CHARLES J JR PC  
382 NEW BRITAIN AVE  
HARTFORD CT 06106**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 an address.

SIGNATURE:

**CONRAD, MARK CONRAD, PRESIDENT**

Date

**9-15-99**

Daytime Phone #

**(561) 659-5355**

CR2E034 (5/99)

0076690