

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N51002 (6)

1. Corporation Name

NEW RIVER ROLLERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1414
FT. LAUDERDALE FL 33302

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FT. LAUDERDALE FL 33302

3. Date Incorporated or Qualified
09/23/1992

3a. Date of Last Report
09/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0359677

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVOTI, ANTHONY M. JR.
805 E. BROWARD BLVD.
#200
FT. LAUDERDALE FL 33301**

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 617.0502 and 617.1508, 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 617.0503, 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BATCHELOR, GEORGE	
STREET ADDRESS	2749 SW 46 ST., #A	
CITY - ST - ZIP	DANIA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEL CAMPO, TONY	
STREET ADDRESS	2780 NE 183RD. STREET STE. 706	
CITY - ST - ZIP	MIAMI FL 33160	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GREGOR, CAROL	
STREET ADDRESS	529 SW 110TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DAN	
STREET ADDRESS	1617 SE 15TH STREET, STE. 105	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TONY DEL CAMPO	
1.3 STREET ADDRESS	11 SW 32nd Ave. #2	
1.4 CITY - ST - ZIP	MIAMI, FL. 33135	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bernie KLEON	
2.3 STREET ADDRESS	2805 E. OAKLAND Park STE. 104	
2.4 CITY - ST - ZIP	FT. Lauderdale, FL. 33306	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Irene CORRAR	
3.3 STREET ADDRESS	7690 Lago Del Mar Dr #408	
3.4 CITY - ST - ZIP	Boca Raton, FL. 33433	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carol GREGOR	
4.3 STREET ADDRESS	1700 SW 8th Ave.	
4.4 CITY - ST - ZIP	FT. Lauderdale, FL. 33315	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol J. Gregor* (CAROL J. GREGOR) 1/23/96 764-3209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)