


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90122 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N51002					
1. Corporation Name NEW RIVER ROLLERS, INC.					
Principal Place of Business P.O. BOX 1414 FT. LAUDERDALE FL 33302			Mailing Address P.O. BOX 1414 FT. LAUDERDALE FL 33302		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/23/1992 4. FEI Number 65-0359677 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent LIVOTI, ANTHONY M. JR. 805 E. BROWARD BLVD. #200 FT. LAUDERDALE FL 33301				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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCNAMARA, BRUCE		1.2 NAME				
STREET ADDRESS	1985 SE OCEAN DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PIANO, ROBERT		2.2 NAME	JENKINS, ELIZABETH			
STREET ADDRESS	5160 NW 1ST AVE		2.3 STREET ADDRESS	13750 CEDAR BLVD			
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	DAVIE FL			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PROVINI, SUSAN		3.2 NAME	CAMP, JOHN			
STREET ADDRESS	44 HENDRICKS ISLE #2		3.3 STREET ADDRESS	4111 NW 70 WAY			
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	CORAL SPRINGS 33065			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	EIK, RONALD		4.2 NAME	MCNAMARA, BRUCE			
STREET ADDRESS	1777 SE 15 ST APT 401		4.3 STREET ADDRESS	1985 SE OCEAN DRIVE			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	HALLANDALE FL			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce McNamara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/99

Daytime Phone #

954-4587009

CR2E037 (11/98)