

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

APPROVED
AND
FILED

1996 SEP -3 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004445 (1)

1. Corporation Name

HAMMOCKS ROLLERHOCKEY CLUB OF MIAMI, INC.

Principal Place of Business

12731 SOUTHWEST 77 STREET
MIAMI FL 33183

Mailing Address

12731 SOUTHWEST 77 STREET
MIAMI FL 33183

3. Date Incorporated or Qualified
09/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 12731 SW 76 St.
Suite, Apt. #, etc.

2a. Mailing Address

26 12731 SW 76 St.
Suite, Apt. #, etc.

22 City & State

23 Miami, FL

27 City & State

28 Miami, FL

24 33183

25 U.S.

29 33183

30 U.S.

4. FEI Number

65-0679620

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

SWIMMER, DAVID L ESQUIRE
8525 S.W. 92ND STREET
SUITE B-4
MIAMI FL 33156

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 617.0502 and 617.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME LEITNER, WILFRIED W
STREET ADDRESS 12731 S.W. 76TH STREET
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME LEITNER, MARTA
STREET ADDRESS 12731 S.W. 76TH STREET
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME RYAN, THOMAS
STREET ADDRESS 15116 S.W. 108TH STREET TERRACE
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME RYAN, MARGARITA
STREET ADDRESS 15116 S.W. 108TH STREET TERRACE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

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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: X *Wilfried W Leitner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

305 382-8893

CR2E037 (12/95)