NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005100

HOLLYWOOD ROLLER HOCKEY LEAGUE, INC.

Principal Place of Business								
C/O HORIZON MAINT.								
3211 N. 74 AVE								
HOLLYWOOD FL 33024								

Mailing Address

C/O HORIZON MAINT. 3211 N. 74 AVE HOLLYWOOD FL 33024

FILED Aug 17, 1999 8:00 am Secretary of State

08-17-1999 90013 003 ****61.25

606876 - 90013 - 3



2. Principal Pi	ace of Business	— ·	2a. Mailing Address				3. Date Incorporated or Qualifed 10/03/1996				
21		26				4. FEI Nun				lind For	
Suite, Apt. #, etc. Suite, Apt. #,				2.					— · · ·	lied For	
22	27					65-0705831			Not Applicable		
City & State	City & State City & State				5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Zip					Country 6. Election Campaign Financing 55.00 May Be						
24	25 29 30					Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
or Hamiltonia Andreas or Anna Maria					Name						
TAMMY PRISCAK					82 Street Address (P.O. Box Number is Not Acceptable)						
3006 N 58TH AVE							<u></u>				
HOLLYWOOD FL 33021 4										1	
FIRELEX SILV					City				85 Zip C	ode	
Ma								FL			
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 817.0503, Florida Statutes.											
SIGNATURE Signature, typed or grinted name of perfisteded scient, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
40	Signature, typed or printed name of pegistated agent OFFICERS AND		(NOTE, RE	13.	ı sığılatüre i		NS/CHANGES TO O		D DIRECTOR	RS IN 12	
12.	D (DE DELETE	1.1 TITLE		<u> </u>	10,0,0,0,0		☐ Change	Addition	
TITLE			-				UNE		_ ,	_	
NAME	DUBOSE, MARTIN					HAIVE BU	YCE CISON ST. DOD, FL. 33				
STREET ADDRESS					ADDRESS	1421 HARA	130N 31.	070			
CITY-ST-ZIP					T-ZIP	HOLLYWO	00, PL . 22	1020-	/		
TITLE	S. □ DELETE 2.1			2.1 TITLE			•		☐ Change	Addition	
NAME	TAMMY PRISCAK 22N							-		ĺ	
STREET ADDRESS	3006 N 58TH AVE 23S				ADDRESS					1	
CITY-ST-ZIP	HOLLYWOOD FL 33021 2.4				T-ZIP						
TITLE	D DELETE 3								☐ Change	☐ Addition	
NAME	GROVER, MOBERLEY										
STREET ADDRESS	1107 00011005 07				ADDRESS						
CITY-ST-ZIP	44011101400D Ft - 00404				T-ZIP		-				
TITLE	PD		DELETE	4.1 TITLE	:===				Change	Addition	
NAME	PECKO, JOSEPH			4. 2 NAME							
STREET ADDRESS	5401 GRANT			4.3 STREET	ADDRESS					1	
CITY-ST-ZIP	HOLLYWOOD FL 33021			4.4 CITY-S							
TITLE	VPD		DELETE	5.1 TITLE					Change	Addition	
NAME	BASCOVE, STEVE			5.2 NAME						}	
STREET ADDRESS	3006 OAK TREE LANE			5.3 STREET	ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL 33021			5.4 CITY-S	T-ZIP						
TITLE	VOD		☐ DELETE	6.1 TITLE					Change	Addition	
NAME	BAGIOTTI, ALDO		-	6.2 NAME							
11 25	and de			6.3 STREET	ADDRESS						
STREET ADDRESS	2200 B, 48 AVE			6.4 CITY-S						-	
CITY-ST-ZIP'	HOLLYWOOD FL 33021			0,4 UIT 1-3	1-61F	<u> </u>		_,,_,			

14. If 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 of 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