

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MOHRMAN
COMMISSIONER

DOCUMENT # **P93000022747 (8)**

WORLD ROLLER FEDERATION, INC.

4040 NORTHEAST TERRACE
STE. 200
FORT LAUDERDALE FL 33334
US

4040 NORTHEAST TERRACE
STE. 200
FORT LAUDERDALE FL 33334
US

Checklist of Filings Due Today or Before

3. Date of Corporation's Formation	3a. Date of Last Report
03/24/1993	08/23/1994
4. FIC Number	Appoint Fee Not Applicable
65-0400973	
5. Certificate of Status Required	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. This corporation has submitted an application for election campaign financing	☐ Yes ☒ No

21. Principal Office Address	26. Mailing Address
400 E COMMERCIAL BLVD	2400 E COMMERCIAL BLVD
City, State, Zip	City, State, Zip
STE 302	STE 302
City, State, Zip	City, State, Zip
33308	33308

9. Name and Address of Current Registered Agent

JOFFE, ANTHONY Q.
4040 NORTHEAST TERRACE
STE. 200
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	2400 E COMMERCIAL BLVD
83. City, State, Zip	STE 302
84. City	FL 33308

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statute, 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 Sections 601, 602, and 603, Florida Statute.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D RADCLIFFE, JOSEPH 306 WALL STREET KINGSTON NY	1. NAME	☒ Change ☐ Addition
STREET ADDRESS		2. NAME	84 CUM HILL RD
CITY, STATE, ZIP		3. NAME	ELKA PARK N.Y. 12427
NAME	P ATKINSON, ARTHUR A.	4. NAME	☐ Change ☐ Addition
STREET ADDRESS	1018 SPINDLE PALM WAY	5. NAME	
CITY, STATE, ZIP	APOLLO BEACH FL	6. NAME	
NAME	VP ATKINSON, SEAN S.	7. NAME	☐ Change ☐ Addition
STREET ADDRESS	1018 SPINDLE PALM WAY	8. NAME	
CITY, STATE, ZIP	APOLLO BEACH FL	9. NAME	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY, STATE, ZIP		12. NAME	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. NAME	
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, STATE, ZIP		18. NAME	

14. I, the undersigned, certify that the information supplied with the filing is voluntarily furnished and checked and applied for the corporation stated in Sections 601, 602, and 603, Florida Statute. I further certify that the information was obtained from the corporation's records and is correct and complete and that the corporation shall be responsible for the accuracy of the information supplied. I am familiar with and accept the obligations of Sections 601, 602, and 603, Florida Statute.

SIGNATURE: JOSEPH J. RADCLIFFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Radcliffe 4/26/95