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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000037186 (1)**

1. Corporation Name

DAYTONA ROLLER HOCKEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
661 BELVILLE ROAD SOUTH DAYTONA FL 32119	P.O. BOX 15145 DAYTONA BEACH FL 32115 US

3. Date Incorporated or Qualified: **05/17/1994**
3a. Date of Last Report: **05/01/1995**

21 2. Principal Place of Business	661 BEVILLE RD
22 Suite, Apt. #, etc.	Suite 115
23 City & State	So. DAYTONA FL
24 Zip / 25 Country	32119 / USA
26 2a. Mailing Address	
27 Suite, Apt. #, etc.	
28 City & State	
29 Zip / 30 Country	

4. FEI Number: **59-3247459** ☐ 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

ROBERT M CARR
304 WAVERLY CIRCLE
DAYTONA BEACH, FLORIDA
TALLAHASSEE FL 32118

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST WICKERSHAM, CHRISTINE 24109 MINK ROADISTINE ASTOR FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	DPST ZATTOLO, CHRISTINE 24109 MINK RD ASTOR FL 32102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DZLLANNO, ARCHIE P 24109 MINK ROAD ASTOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	V-P DELLANNO, ARCHIE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITL / 3.2 NAM / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITL / 4.2 NAM / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITL / 5.2 NAM / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITL / 6.2 NAM / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine R Zattolo CHRISTINE R. ZATTOLO 4/20/96 904-322-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #