

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 21 1998 8:00am  
Secretary of State

DOCUMENT # P96000053227 (0)

1. Corporation Name  
ROLLERBEST, INC.



Principal Place of Business

18917 N.E. 5TH AVENUE  
MIAMI FL 33179

Mailing Address

18917 N.E. 5TH AVENUE  
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

65-0690237

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SAUNDERS, ROBERT  
18917 N.E. 5TH AVENUE  
MIAMI FL 33179

81. Name

ROBERT SAUNDERS

82. Street Address (P.O. Box Number is Not Acceptable)

2120 SW 60th Way

83.

84. City

MIRAMAR

FL

85. Zip Code  
33023

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	13.
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

1.1 TITLE	Change	Addition
1.2 NAME	Change	Addition
1.3 STREET ADDRESS	Change	Addition
1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	Change	Addition
2.2 NAME	Change	Addition
2.3 STREET ADDRESS	Change	Addition
2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	Change	Addition
3.2 NAME	Change	Addition
3.3 STREET ADDRESS	Change	Addition
3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	Change	Addition
4.2 NAME	Change	Addition
4.3 STREET ADDRESS	Change	Addition
4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	Change	Addition
5.2 NAME	Change	Addition
5.3 STREET ADDRESS	Change	Addition
5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	Change	Addition
6.2 NAME	Change	Addition
6.3 STREET ADDRESS	Change	Addition
6.4 CITY-ST-ZIP	Change	Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Robert Saunders

12/96 (954) 894

CR2E034 (5/98)

**LESLIE E. DOLIN PA, CPA**

11645 BISCAYNE BOULEVARD SUITE 306C  
NORTH MIAMI, FL 33181

Phone 305-893-4333  
Fax 305-891-3320

August 26, 1998

Division Of Corporations  
Attn.: Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Rollerbest, Inc.  
2120 SW 60th Way  
Miramar, FL 33023  
Document No. P96000053227(O)

Dear Sirs,

Enclosed please find a check payable to Department Of State in the amount of \$150.00 representing the corporations annual renewal fee for 1998. You will note that this form is being filed with the second mailing of the annual report whereby a fee including penalties of \$550.00 is required. Will you kindly waive this penalty as the corporation moved about the first of the year from North Miami Beach, and did not receive this notice until just recently, as well as never receiving the original notice which you sent in February.

Your consideration and cooperation in this matter is greatly appreciated.

Very truly yours,

 CNA

LESLIE E. DOLIN, CPA