


FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90029 038 ***150.00

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000073910

1. Corporation Name

ROLLER MAGIC SKATING CENTER, INC.

Principal Place of Business

4628 TAMiami TRAIL
PORT CHARLOTTE FL 33980

Mailing Address

4628 TAMiami TRAIL
PORT CHARLOTTE FL 33980


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1998

4. FEI Number

65-0861081

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing. ☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip Country

24**25**

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip Country

29**30**

9. Name and Address of Current Registered Agent

MEEGAN, LORETTA
2436 AMBROSE LANE
PORT CHARLOTTE FL 33980

10. Name and Address of New Registered Agent

81 Name

meeagan Loretta

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

2436 Ambrose Ave.

83

84 City

Port Charlotte**FL**

85 Zip Code

33980

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



(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MEEGAN, LORETTA | |
| STREET ADDRESS | 2436 AMBROSE LANE | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | meeagan Loretta | |
| 1.3 STREET ADDRESS | 2436 Ambrose Ave. | |
| 1.4 CITY-ST-ZIP | Port Charlotte, FL 33952 | |

| | | |
|--------------------|--|---|
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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, with all other like empowered.

SIGNATURE



Date

Daytime Phone #

CR2E034 (11/98)