## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000082772 1. Corporation Name

ROLLSHIELD INC

						<b>                                  </b>			(818   181   1881	
Principal Place	e of Business	Mailing Address	-	د جستنسيجين						
410 EGRET AVI		410 EGRET AVE.								
NAPLES FL 341	108	NAPLES FL 34108	NAPLES FL 34108			DO NOT WRITE IN THIS SPACE				
		3			ŀ	3. Date Incorporated or Qualifed			ï	
		J.				09/21/1998				
2. Principal P	lace of Business	2a. Mailing Addre	ss .			4. FEI Number		Арр	lied For	
790	<i>~</i> , ,	J 26 190	1010年	Ave 1	<b>(</b>	59-3542745	F	Not	Applicable	
Suite, Apt.	<u> </u>	Suite, Apt. #,		11001	-	_	\$8	.75 A	dditiona	
22	.,.	27				5. Certifcate of Status Desired	F	ee Req	uired	
City & State	е	City & State				6. Election Campaign Financing	\$	5.00 N	May Be	
23 Na	uples, FL	28 Na	oles. F	L		Trust Fund Contribution	A	dded to	Fees	
ءء عدن⇔Zip جني	Country	ZipZip	Cou	ntry		≈8;-This:corporation owes the current ye	ar Intangibl			
24 34	108 25 USA	7 29 3410	8 📐 30	USA		Personal Property Tax.	□ Ye		No No	
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Regist	ered Agent			
	<del></del>			81 Name						
	OPER, DAVID J	S+ A	SA 0			Street Address (P.O. Box Number is Not Acceptable)			1	
		, 101 <sup>st</sup> Ave k	1 <sup>st</sup> Ave U			790 1015+ Ave N				
-NAP	<del>LES FL 34108</del>	ples FL 3410	s fl 34108						(	
	•	1		84 City			85	Zip C	ode , -	
	,			O4 City		Naples,	FL   "	30	มือ\$ I	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florid	a Statutes, the a	bove-named	corpor	ation submits this statement for the purpo	se of chang	ing its r	egistered	
office or r	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such chang	e was authorized	by the corpo	oration'	's board of directorst hereby accept the	appointmen	as reg	istered	
=	in lamillar with, and accept the	obligations of, occiton oor to	000, 1 101142 0141			•				
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable.	(NOTE: Registered	Agent signature re	equired w	rhen reinstating) DA	TE			
12.	OFFICE	RS AND DIRECTORS	-13:			ADDITIONS/CHANGES TO OFFICE				
TITLE	D	□ DE	LETE 1.1 TI	1.1 TITLE			₩c	hange	☐ Addition	
NAME	COOPER, DAVID J		1.2 NAME		Co	poper, David J				
STREET ADDRESS			1.3 \$	TREET ADDRESS	70	go' loist Ave N				
CITY-ST-ZIP	NAPLES FL 34108		1.4 CI	TY-ST-ZIP	Ì	Japles, FL 34108				
TITLE		□ DE	LETE 2.1 π	TLE			□c	hange	☐ Addition	
NAME			2.2 N	AME						
STREET ADDRESS			2.3 \$	FREET ADDRESS						
CITY-ST-ZIP			2.40	TY-ST-ZIP						
TITLE		☐ DE					□ c	hange	☐ Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREET ADDRESS					}	
CITY-ST-ZIP	l:			ITY-ST-ZIP						
TITLE	-	DE			·		C	hange	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS				TREET ADDRESS						
				TY-ST-ZIP						
CITY-ST-ZIP		□ DE			<del></del>		c	hange	Addition	
NAME			5.2 N				_			
OTDEET ADDEED			53.5	TREET ADDRESS						

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP "

TITLE

NAME

☐ Change

\_\_\_ Addition

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90135 018 \*\*\*150.00