

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **S83115** (3)

1. Corporation Name

RINK MANAGERS OF FLORIDA, INC.



2. Principal Office

**3737 N DAVIE RD EXT
HOLLYWOOD FL 33024**

3. Mailing Address

**3737 N DAVIE RD EXT
HOLLYWOOD FL 33024**

2. Date of Previous Report

21 State App. No.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State App. No.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

**GUELLI, TONY
3737 N DAVIE RD EXT
HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

01/18/1995

4. FID Number

65-0292496

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

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 607.07(1)(b) and 607.16(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address of its principal office 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 fully qualified and accept the obligation of Section 607.07(1)(b), Florida Statutes.

12. OFFICERS AND DIRECTORS

12

**D
GUELLI, TONY
3737 N DAVIE RD EXT
HOLLYWOOD FL**

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13.

1 NAME

1 NAME

1 ADDRESS

1 CITY & STATE

2 CITY

2 NAME

2 ADDRESS

2 CITY & STATE

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4 NAME

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6 ADDRESS

6 CITY & STATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this report is complete, correct and does not qualify for the exemption stated in Section 607.07(3)(a), Florida Statutes. I further certify that the information is true and correct as to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am a director or officer of this corporation or the registered office 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 of this report as an officer or director.

SIGNATURE:

Tony Guelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 954-435-3300

CR2E034 (12/95)