

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V18182** (8)

1. Corporation Name

"ROLLIE" FINGERS, INC.

Principal Place of Business

2300 PALM BEACH LAKES BLVD.
EXECUTIVE CENTRE, SUITE 302
WEST PALM BEACH FL 33409

Mailing Address

2300 PALM BEACH LAKES BLVD.
EXECUTIVE CENTRE, SUITE 302
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1992	3a. Date of Last Report 06/28/1994
4. FEI Number 65-0316417	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangibles tax under 215.07, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2b. Mailing Address
21. Suite Apt. # etc. Suite 302	26. Suite Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

WOLFE, HAROLD E. JR.
4015 LOXAHATCHEE DR.
SUITE 3
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81. Name Same
82. Street Address (P.O. Box Number is Not Acceptable) 2300 Palm Beach Lakes Blvd Suite 302
83. City & State
84. Zip Code West Palm Beach FL 33409

11. Pursuant to the provisions of Sections 215.07 and 215.08, 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. The 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 responsibility for compliance with the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME D FINGERS, ROLAND G.	☐ Change ☐ Addition
STREET ADDRESS 1015 LOXAHATCHEE DR., STE. 5	☐ Change ☐ Addition
CITY & STATE W. PALM BEACH FL	☐ Change ☐ Addition
ZIP	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	☐ Change ☐ Addition
ZIP	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
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STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	☐ Change ☐ Addition
ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Sections 215.07 and 215.08, Florida Statutes. I further certify that the information included on this filing was reported on supplemental annual report, if any, and is 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 registered agent empowered to execute this report as required by Chapter 215, Florida Statutes, and that my name appears in Block 12 on Block 13 of this filing or on any attachment hereto.

SIGNATURE:

SIGNATURE AND TYPED FULL NAME OF SIGNING OFFICER OR DIRECTOR