

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H91548 (8)

95 JUN 16 AM 11:02

1. Corporation Name
SKATE N SPACE, INC.

Principal Place of Business: **230 BLANDING BLVD. ORANGE PARK FL 32073**
Mailing Address: **230 BLANDING BLVD. ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/26/1985		3a. Date of Last Report 02/08/1994	
4. FEI Number 59-2625918		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	Zip			28	Zip		
24	Country			29	Country		
25	Country			30	Country		

9. Name and Address of Current Registered Agent
**LAMETTI, VICTOR J.
230 BLANDING BLVD.
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing!)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMETTI, VICTOR, J.	12 NAME	
STREET ADDRESS	230 BLANDING BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMETTI, CHERYL	22 NAME	
STREET ADDRESS	16028 FOREST BL. N.	23 STREET ADDRESS	
CITY - ST - ZIP	HUGO MN	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDSTROM, FERIN	32 NAME	
STREET ADDRESS	16028 FOREST BLVD. N.	33 STREET ADDRESS	
CITY - ST - ZIP	HUGO MN	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: Ferin Sandstrom Ferin Sandstrom 6/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/95)