

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000000662 (3)



SOUTH FLORIDA SILVER BLADES FIGURE SKATING CLUB, INC.

Principal Place of Business: 14770 BISCAYNE BLVD. N. MIAMI BEACH FL 33181
Mailing Address: 14770 BISCAYNE BLVD. N. MIAMI BEACH FL 33181

3. Date Incorporated or Qualified: 02/05/1997
4. FEI Number: 65-0747161
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt #, etc.
22 City & State: 23
24 Zip: 25
26 Mailing Address: 26a 4446 NW 128th ST
27 Suite, Apt #, etc.
28 City & State: 28 Miami FL
29 Zip: 29 33054
30 Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**MEYERS, LAURIE
4476 N.W. 128TH STREET
MIAMI E FL 33054**

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: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYERS, LAURIE	
STREET ADDRESS	2114 FISHER ISLAND DR.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUSCOMBE, SUSAN	
STREET ADDRESS	1967 NW 139TH RD.	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANZER, MICHELLE	
STREET ADDRESS	14001 SW 74TH TERR.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, GLADYS	
STREET ADDRESS	15712 FISHER ISLAND DR.	
CITY-ST-ZIP	MIAMI FL 33109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAURIE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McLean, Ellen	
3.3 STREET ADDRESS	930 NE 140 ST	
3.4 CITY-ST-ZIP	N Miami Fl. 33161	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/11/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Laurie Meyers
Date: 2/11/98
Daytime Phone #: 0033776

CR2E037 (10/97)