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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000000662**

1. Corporation Name

SOUTH FLORIDA SILVER BLADES FIGURE SKATING CLUB, INC.

Principal Place of Business

14770 BISCAYNE BLVD.
 N. MIAMI BEACH FL 33181

Mailing Address

4476 ANW 128TH ST
 MIAMI FL 33054
 US



249500 - 90093 - 27

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number
 65-0747161

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

9. Name and Address of Current Registered Agent

MEYERS, LAURIE
 4476 N.W. 128TH STREET
 MIAMI 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME MEYERS, LAURIE
 STREET ADDRESS 2114 FISHER ISLAND DR.
 CITY-ST-ZIP MIAMI FL 33181

TITLE D DELETE
 NAME LUSCOMBE, SUSAN
 STREET ADDRESS 1967 NE 140TH RD.
 CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE D DELETE
 NAME MCLEAR, ELLEN
 STREET ADDRESS 930 NE 140 ST
 CITY-ST-ZIP N MIAMI FL 33161

TITLE D DELETE
 NAME MARCUS, GLADYS
 STREET ADDRESS 15712 FISHER ISLAND DR.
 CITY-ST-ZIP MIAMI FL 33109

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME *Vice President*
 2.3 STREET ADDRESS *Marta Camero*
 2.4 CITY-ST-ZIP *11595 NE 21st Drive*
N. Miami FL 33181

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 305-685-8976

Date

Daytime Phone #

CR2F037 (11/98)