FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69882

CHEAP - SKATES, INC.

Principal Place of Business	Mailing Address
2126 N UNIVERSITY DRIVE	2126 N UNIVERSITY DRI

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90080 022 ***150.00



Principal Plac	e of Business	Mailing Address					
2126 N UNIVERSITY DRIVE 2126 N UNIVERSITY DRIVE							
SUNRISE FL 3	3322	SUNRISE FL 33322					
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		}
0.0	lace of Business	On Malling Address			03/04/1982 4. FEI Number	11	,
	race of Business	2a. Mailing Address			1	Applied F	
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2166303	Not Applie	
	#, etc.	<u> </u>			5. Certifcate of Status Desired	\$8.75 Addition Fee Required	
22 27 City & State City & State							
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees		
Zip	Country	Zip	Zip Countr				
24	25	29 30	_	,	This corporation owes the current year Inta Personal Property Tax.	ingible Maryes □No	
24	9. Name and Address of Current		υ ₁		10. Name and Address of New Registered		
			81	I Name			
BERGKWOFF, ERIC J							
2126	B N UNIVERSITY DR		82	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	:	
SUNRISE FL 33322		83	3				
			84	1 City		85 Zip Code	1 251
	67 FE 1				<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the abov	/e-named co / the comora	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	changing its registe tment as registered	ered d
agent. I a	m familiar with, and a cept the obligat	of, Section 607.0505, Florid	a Statute		ation's board of directors. I hereby accept the appoir	/_ "	
SIGNATURE	Signature, typed or pripried name of registered steph	TERIL J. BERLI t and title if applicable. (NOTE: Re		ent signature requ	CECUSTER ED AGENT 1/8/ uired when reinstating) DATE	99.	-
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN	12
TITLE	VSD	☐ DELETE	1.1 TITLE			☐ Change ☐ A	ddition
NAME	BERGKNOFF, PATRICIA		1.2 NAME				
STREET ADDRESS	2126 N UNIVERSITY DR		1.3 STREE	ET ADDRESS		•	
CITY-ST-ZIP	SUNRISE, FL 00000		1.4 CITY-5	ST-ZIP			}
TTLE	DP	☐ DELETE	2.1 TITLE			☐ Change ☐ A	ddition
NAME	BERGKNOFF, ERIC J		2.2 NAME				
STREET ADORESS	2126 N UNIVERSITY DR		2.3 STREE	TADDRESS	3		
CITY-ST-ZIP	SUNRISE, FL 00000		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ A	ddition
NAME .			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	1		医萎缩抗线	, , , ,
TITLE		☐ DELETE	4.1 TITLE	J. L.		☐ Change ☐ A	ddition
NAME .			4. 2 NAME			_	1
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	(* · · ·		4.4 CITY-5				Í
TITLE		☐ DELETE	5.1 TITLE	21-44		☐ Change ☐ A	ddition
NAME		-	5.2 NAME			v	
STREET ADDRESS			1	TADDRESS			
	NET		5.4 CITY-5				
CITY-ST-ZIP TITLE	Tata sa a	DELETE	6.1 TITLE			☐ Change ☐ A	ddition
NAME	\$ 12 Co.		6.2 NAME		-		
STREET ADDRESS	\$1.05 2			T ADDRESS			
	4.5		6.4 CITY-5				
CITY-ST-ZIP			0.4 CH Y-2	31-2IP			J

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 occurate 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, with all other like empowered.

SIGNATURE: