

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32721 (5)

1. Corporation Name

SKATING CLUB OF SUNRISE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1861856	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
% BEVERLY SHAFFNER 4675 NW 8TH DR. PLANTATION FL 33317		% BEVERLY SHAFFNER 4675 NW 8TH DR. PLANTATION FL 33317	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHAFFNER, BEVERLY 4675 N W 8TH DRIVE PLANTATION FL 33317		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 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 Beverly Shaffner Beverly Shaffner 4/25/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	TRENEER, JACKLYN	1.2 NAME	SHAFFNER BEVERLY
STREET ADDRESS	161 SW 15 ST A	1.3 STREET ADDRESS	4675 NW 8TH
CITY- ST- ZIP	POMPANO BEACH FL	1.4 CITY- ST- ZIP	PLANTATION FL
TITLE	TD	2.1 TITLE	TD
NAME	SHAFFNER, BEVERLY	2.2 NAME	LAURIE GROSS
STREET ADDRESS	4675 NW 8TH DR	2.3 STREET ADDRESS	2815 SW 117 AVE
CITY- ST- ZIP	PLANTATION FL	2.4 CITY- ST- ZIP	DANIE, FL
TITLE	SD	3.1 TITLE	
NAME	STOLBERG, COLLEEN	3.2 NAME	
STREET ADDRESS	101 NW 129 AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL	3.4 CITY- ST- ZIP	
TITLE	VPD	4.1 TITLE	
NAME	STARK, BETTY	4.2 NAME	
STREET ADDRESS	7635 NW 53 PL	4.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL SPGS FL	4.4 CITY- ST- ZIP	
TITLE	PO	5.1 TITLE	P
NAME	ARGENTI, JEAN	5.2 NAME	LUCY GROSS
STREET ADDRESS	2053 MAPLEWOOD DR	5.3 STREET ADDRESS	331 NW 131 AVE
CITY- ST- ZIP	CORAL SPRINGS FL	5.4 CITY- ST- ZIP	PLANTATION FL 33325
TITLE	VP D	6.1 TITLE	
NAME	ARGENTI, JEAN	6.2 NAME	
STREET ADDRESS	2053 MAPLEWOOD DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL	6.4 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)(k), 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: Beverly Shaffner Beverly Shaffner 4/25/95 584-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)