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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50423 (5)
1. Corporation Name
SPECIAL SKATERS' SOCIETY, INC.

Principal Place of Business 1266 US 41 BYPASS SO VENICE FL 34292 US	Mailing Address 1266 US 41 BYPASS SO VENICE FL 34292 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 08/13/1992	4. FEI Number 65-0336682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HUGHES, MICHAEL F. 1205 JACKARANDA BLVD ***** VENICE FL 34292	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MISEK, ANNE	1.2 NAME	Dick Pillant
STREET ADDRESS	508 DANTE ST	1.3 STREET ADDRESS	412 Pebble Creek Ct
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	VD	2.1 TITLE	VD
NAME	FEIN, FRAN	2.2 NAME	Ruth Shaulis
STREET ADDRESS	7404 LINKS CT	2.3 STREET ADDRESS	22 Brentwood La
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Englewood, FL 34223
TITLE	STD	3.1 TITLE	D
NAME	HUGHES, MICHAEL F.	3.2 NAME	Jack Reinks
STREET ADDRESS	1205 JACARANDA BLVD.	3.3 STREET ADDRESS	1921 Neptune Dr
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Englewood, FL 34223
TITLE	D	4.1 TITLE	D
NAME	CHAPPEL, SHARON	4.2 NAME	Ann Reynolds
STREET ADDRESS	8528 HROEN LAGOON CIRCLE	4.3 STREET ADDRESS	309 Park Lane Dr.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Venice, FL
TITLE	D	5.1 TITLE	D
NAME	UNDERHILL, ROBERT	5.2 NAME	Judy McBride
STREET ADDRESS	1236 YACHT HARBOR DR	5.3 STREET ADDRESS	109 The Corso
CITY-ST-ZIP	OSPREY FL	5.4 CITY-ST-ZIP	Venice, FL
TITLE	S	6.1 TITLE	D
NAME	MISEK, ANNE	6.2 NAME	David Becking
STREET ADDRESS	1350 EWING STREET	6.3 STREET ADDRESS	1673 Valley Dr
CITY-ST-ZIP	NOKOMIS FL	6.4 CITY-ST-ZIP	Sarasota, FL

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: Michael F. Hughes Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/4/98 Daytime Phone: 941 997-4702

CR2037 (10/97)