FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000034845 (6)

1. Corporate Name

WHEELS BIKE & SKATE, INC.

Principal Place of Business	Mailing Address
1629 SOUTHWEST 81ST AVENUE WESTERN WOODS PLAZA NORTH LAUDERDALE FL 33068	1629 SOUTHWEST 81ST AVENUE WESTERN WOODS PLAZA NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified: 05/13/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0410034 ☐ 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

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business 21 ____ 2a. Mailing Address 26 ____

Suite, Apt. #, etc. 22 ____ Suite, Apt. #, etc. 27 ____

City & State 23 ____ City & State 28 ____

Zip 24 ____ Country 25 ____ Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PIOTROWSKI, MICHAEL J 1629 SOUTHWEST 81ST AVENUE WESTERN WOODS PLAZA NORTH LAUDERDALE FL 33068	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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1. TITLE	☐ Change ☐ Addition
NAME	PIOTROWSKI, MICHAEL J	1. NAME	
STREET ADDRESS	6755 NORTHWEST 1ST STREET	1. STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1. CITY-ST-ZIP	
TITLE	DVPS	2. TITLE	☐ Change ☐ Addition
NAME	PIOTROWSKI, FRAN	2. NAME	
STREET ADDRESS	6755 NORTHWEST 1ST STREET	2. STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2. CITY-ST-ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fran Piotrowski FRAN PIOTROWSKI 4/29/95 305-722-1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119720 CP