PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400000576

1. Corporation Name

FEM-SKATE, INC.

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90020 048 \*\*\*150.00



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Principal Place of Business Mailing Address							
553 BOCA CIEG ST. PETERSBUR	ga point blyd. North Rg Fl 33708	553 BOCA CIEGA POINT BLVD. NORTH ST. PETERSBURG FL 33708			DO NOT WOITE IN THIS	SDACE	
					DO NOT WRITE IN THIS SPACE		
		·			3. Date Incorporated or Qualifed 12/23/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21				59-3217170		ot Applicable	
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired	•	Additional
22 27				3. 001110110 07 011110 0011111	Fee R	equired	
City & State		City & State	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Int		
24	25	29 30	0		Personal Property Tax.	Yes	<b>∑</b> No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
DUROURE, FRANCES E				Name			
				Street Ad	Idress (P.O. Box Number is Not Acceptable)		
553 BOCA CIEGA POINT BLVD NORTH ST. PETERSBURG FL 33708			82	0001 70			
			83				
			84	City	FL.	85 Zip	Code
	<u> </u>			<u></u>			
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was auth	norized by	tne corpora	proration submits this statement for the purpose of ation's board of directors. I hereby accept the apport	ntment as r	egistered
SIGNATURE		ALOTE O		at almost up and	uired when reinstating) DATE		}
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	n signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	D OFFICERS A	DELETE	1.1 TITLE	<del></del>	ADDITIONO/OFFICE TO OFFICE AT	Change	
	DUROURE, FRANCES E	□ 5====	1.2 NAME				_
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STREET ADDRESS	ST. PETERSBURG FL 33708	Ollin		f			
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NAME			2.2 NAME				~
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STREET ADDRESS			5.3 STREE	T ADDRESS			
	].		5.4 CITY-	ST-ZIP			į
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NAME 1				T ADDRESS			
STREET ADDRESS			64 CITY-				
OTT / OT 710	1		= 64131Y-	\$1-7P			

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 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:** 

GONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1999 727-391-0449
Daytima Phone #

CR2F