FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000005639 (7)**

1. Corporation Name
SKATE 2000 DEERFIELD BEACH INC.

Principal Place of Business	Mailing Address
1200 OCEAN DR. SUITE 102 MIAMI BEACH FL 33139	1200 OCEAN DR. SUITE 102 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 01/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 420 LINCOLN RD	26 420 LINCOLN RD
Suite, Apt. #, etc. 22 403	Suite, Apt. #, etc. 27 385
City & State 23 MIAMI BEACH FL	City & State 28 MIAMI BEACH FL
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

4. FEI Number: 65-0462985 ☐ 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. The corporation has liability for intangible tax under C. 199 092, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POZNER, MICHAEL A 1200 OCEAN DR. SUITE 102 MIAMI BEACH FL 33139	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN RD #403 83 84 City MIAMI BEACH FL 85 Zip Code 33139

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: Michael Pozner MICHAEL POZNER 2/13/95
(Signature, type or print 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	11 TITLE	DC	☒ Change ☐ Addition
NAME	POZNER, MICHAEL A	12 NAME		
STREET ADDRESS	535 LENNOX AVENUE #205	13 STREET ADDRESS	800 WEST AVE #721	
CITY ST ZIP	MIAMI BEACH FL 33139	14 CITY ST ZIP	MIAMI BEACH FL 33139	
TITLE	D	21 TITLE	DP	☒ Change ☐ Addition
NAME	REICHMANN, DAVID M	22 NAME		
STREET ADDRESS	294 HILLHURST BLVD.,TORONTO	23 STREET ADDRESS		
CITY ST ZIP	ONTARIO,CANADA M6B 1N1	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	$8.75 11	
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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(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.

SIGNATURE: Michael Pozner MICHAEL POZNER 2/13/95 305 538-8244
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0146780 CP