

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000042919 (8)

1. Corporation Name

ISLAND SKATE SHOP, INC.



Principal Place of Business

Mailing Address

**1985 N.E. 2ND ST.
DEERFIELD BEACH FL 33441**

**1985 N.E. 2ND ST.
DEERFIELD BEACH FL 33441**

2. Principal Place of Business
21 **1985 NE 2ND ST**

Suite, Apt. #, etc.

22 City & State
Deerfield Beach

23 Zip
33441

25 Country
USA

26 **1985 N.E. 2ND ST**

Suite, Apt. #, etc.

27 City & State
Deerfield Beach

29 Zip
33441

30 Country
USA

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0493273

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. This corporation has liability for intangible tax under s. 199.037,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HONIG, GARY D ESQ.
2500 E. HALLANDALE BEACH BLVD.
SUITE 707-B
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

SAME

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

Signature of person or persons authorized to register agent and that of applicant

Signature of Registered Agent (Signature required when first filing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LIVOTI, DOMINICK
1418 S.E. 12TH AVE.
DEERFIELD BEACH FL 33441**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominick Livoti

8/1/96

954 427-4647

CR2E034 (3/96)