FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000055175 (1)

SKATE 2000 LAS OLAS INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			11611 18801 BIN 1091	
420 LINCOLN ROAD 420 LINCOLN ROAD						
SUITE 403				DO NOT WRITE IN THIS SPACE		
MIAMI BEACH	MIAMI BEACH FL 33139 MIAMI BEACH FL 33139			3. Date Incorporated or Qualified		
į				07/25/1994		
2. Principal P	lace of Business	, 2a. Mailing Address		4. FEI Number	Applied For	
21 2941	East Las OLAS Blud	26 2.941 E	ast Last	65-0560708	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8	.75 Additional	
22 27				5. Certificate of Status Desired	ee Required	
City & State City & State			1 11	8. Election Campaign Financing S	5.00 May Be	
23 Ft.	Lauderdale t.L.	28 Ft. Lava	lei da le F	Trust Fund Contribution A	dded to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current y		
24 333/		29 333/6 3	0 // > #	Personal Property Tax due June 30. Yes		
ad Name				10. Name and Address of New Registered Agent		
	ZNER, MICHAEL A	Isaac Alexander				
				Idress (P.O. Box Number is Not Acceptable)	011	
SUITE 403			941 EAST Las Ulas	5 DIVA.		
MIAMI BEACH FL 33139					i	
			84 City	. / / / - 85	Zip Code	
		LODE ACOD CO. C. C. C.	<u> </u>	t. Lauderdale FL "	33316	
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 of the purpose of ch						
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	arm Tletander	1saac M	Alexa			
Sonature, type of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE	A / / / / / / / / / / / / / / / / / / /	hange X Addition	
NAME	POZNER, MICHAEL A	_	1.2 NAME	PIRECTOR + President	~	
STREET ADDRESS	800 WEST AVE #721		1.3 STREET ADDRESS	Isaac Alexander		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	2941 East Las Olas	Block	
TITLE	D	X DELETE	2.1 TITLE		nange Addition	
NAME	REICHMANN, DAVID M	•—	22 NAME	33316		
STREET ADDRESS	294 HILLHURST BLVD		2.3 STREET ADDRESS	77716		
CITY-ST-ZIP	TORONTO, ONTARIO M6B 1N11		2 4 CITY-ST-ZIP			
TITLE	CFO	▼ DELETE	3.1 TITLE	□ CI	nange	
NAME	HENDRICKS, CRAIG D		3.2 NAME			
STREET ADDRESS	345 PALM STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY - ST - ZIP		i	
TITLE		☐ DELE TE	4.1 TITLE	☐ CI	nange 🔲 Addition	
NAME			4. 2 NAME		Į	
STREET ADDRESS			4.3 STREET ADDRESS		l	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		ļ	
TITLE		☐ DELETE	5.1 TITLE	□ cı	nange Addition	
NAME			5.2 NAME		İ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	1.14 · 1.15 · 1.		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	CI	nange 🔲 Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
5777 OT EM						

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 any attachment with an address.