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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000060393 (3)

THUNDER WHEELS SKATING CENTER, INC.

Principal Place of Business Mailing Address							f andrende ein soter binge date	!! <b>98</b> 1   <b>8</b>	0111 <b>30</b> 112 011	11 <b>6 5 1 5 5</b> 1 1 1 4 <b>5</b>	INTERNATION OF THE STATE OF THE
8348 NW 103RD ST 4135 W 6TH AVE HALEAH FL 33016 HIALEAH FL 33012											
US						<u> </u>			IN THIS	SPACE	
						3.	Date Incorporated or Qua	alified			
2. Principal	Place of Business		a. Mailing Address				<b>08/17/1994</b> FEI Number			1 1	antiad Fax
21		26				•	65-0514612				opplied For lot Applicable
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.								Additional
22		27	¬ ·			5.	Certificate of Status Design	red			Required
City & State			City & State			6.	Election Campaign Finan	cing	•	\$5.00	) May Be
23		26	3				Trust Fund Contribution				to Fees
Zip	Count	ry	Zip	Count	ry	8.	This corporation owes or	has pa	id the cur	rent year ir	ntangible
24	25	29		30			Personal Property Tax du				□No
_	g. Name and Addr	ess of Current Reg	istered Agent				Name and Address of N	lew Re	glatered /	Agent	
	MARTIN, MEDARDO M			8	1 Nam	е					
	135 W 6TH AVE			8	2 Stree	t Address (P	O. Box Number is Not Ac	ceptab	ole)		
H	IIALEAH FL 33012			8	2						
				8	4 City			•	FL	<b>85</b> Zip	Code
			007 (C00 Ft14- Ot-			d corporation					
11. Pursuan	nt to the provisions of Sec	ctions 607 0502 and	607.1508. Piorida Sta	tutes: the abo	ve-name		n submits this statement fr	or the n	nurbose of	changing	ns remisterem i
11. Pursuan office or	nt to the provisions of Sec r registered agent, or both	ctions 607.0502 and h, in the State of Flo	orida. Such change wa	lutes, the about a substitute of the state o	ve-name by the co	proporation's b	n submits this statement for loard of directors. I hereby	or the p accep	ourpose of of the app	changing ointment a	ns registered s registered
agent. I	am familiar with, and acc	cept the obligations	or, Section 607.0505,	dutes, the about a district and the state of	ve-name by the co es.	orporation's b	n submits this statement for loard of directors. I hereby	or the p / accep	ourpose of of the app	changing ointment a:	its registered s registered
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agent. I	MEDALDO Signature, typed or printed name	cept the obligations  Mantin	or, Section 607.0505,  PIES -  itle if applicable (N	Florida Statut	98.	ure required when	A Comment		2/15 DATE	198	
agent. I SIGNATURE	am familiar with, and acc	CEPT the obligations  That is a control of registered agent and to OFFICERS AND DIRI	of, Section 607.0505,	Florida Statut	geni signali.	ure required when	Avinstating)		2/15 DATE	198	
SIGNATURE	Signature: typed or printed nair	CEPT the obligations  TARLET  TO TEDISTRICT AND DIRI  DO M	or, Section 607.0505,  PIES -  itle if applicable (N	Florida Statut 1011: Registered A 13.	geni signah	ure required when	Avinstating)		2/15 DATE	DIRECTO	RS IN 12
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CITY-ST-ZIP

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 apmost-report or supplemental annual report is trye 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 of the accurate employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or open attaching the magnitude.