

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

FILED

Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000069079 (9)**

1. Corporate Name

**SKATE WORLD FAMILY FUN CENTER, INC.**



Principal Place of Business

**2563 NE CAPITAL CIRCLE  
TALLAHASSEE FL 32308  
US**

Mailing Address

**P.O. BOX 13633  
TALLAHASSEE FL 32317-3633  
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MCMURRAY, CHARLES A  
1387 E. LAFAYETTE STREET  
SUITE C  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**09/20/1994**

3a. Date of Last Report

**04/30/1996**

4. FEI Number

**59-3271251**

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. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

**MCMURRAY, CHARLES A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**115 N. FRANKLIN BLVD.**

83

84 City

**TALLAHASSEE**

FL

85 Zip Code

**32301**

11. Pursuant to the provisions of Sections 607.0402 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

☐

DELETE

NAME

**D  
RUDNICK, JAMES M**

STREET ADDRESS

**410 OFFICE PLAZA**

CITY- ST- ZIP

**TALLAHASSEE FL**

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

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DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒

Change

☐

Addition

1.2 NAME

**D  
RUDNICK, JAMES M.**

1.3 STREET ADDRESS

**1341 CROSS CREEK WAY**

1.4 CITY- ST- ZIP

**TALLAHASSEE, FL.**

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I, **JAMES M. RUDNICK**, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included 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:

**JAMES M. RUDNICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

(904) 671 1999

Date

Daytime Phone #

0049224

CR2E034 (9/96)