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 # P95000066219 (3)

SKATE 2000 S-9 INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	***	
			DE .	
MIAMI BEACH		420 LINCOLN ROAD STE 385 MIAMI BEACH FL 33139		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
A 5:				08/23/1995
	lace of Business L_S. Mac Pill Ave	2a. Mailing Address 26 420 LINCO	du Ra	4. FEI Number Applied For
21 2832 Suite, Apt		Suite, Apt, #, etc.	1 N 1-12	65-0621016 Not Applicable
22	w, dic.	27 # 450)	5. Certificate of Status Desired See Required Fee Required
City & State	npa FI	City & State 28 MIAMI BEA	ACH FI	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip (7)**	Country	700	Country	Added to Fees
24 336	29 25 USA	33139	147 A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
24	9, Name and Address of Current I	15.11	<u> </u>	10. Name and Address of New Registered Agent
B1 Name 2				Para Ca 11 a A
100 1 110 01 11 00 10 075 005				FOZNER, MICHAEL, A
	AMI BE ACH FL 33139		82 Street	Address (P.O. Box Number is Not Acceptable)
83				
			•	Su, te 450
			84 City	Miami Biach 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. Floredy accept the appointment as registered agent. Lam familiar with, and accept the Oblegations of, Section 607.0505, Florida Statutes.				
agent. I a	m familiar with, and accept the oul-gation	ons of, Section 607.0505, Florid	a Statutes.	16-100
SIGNATURE THE Signature typical or product name of region of the Asphilator (NCIE- Registerer Agent signature required when reinstating) DATE ODE ODE ODE ODE ODE ODE ODE O				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	POZNER, MICHAEL A		1.2 NAME	W
Street Address	800 WEST AVENUE STE 721		1.3 STREET ADDRESS	1460 Ocean Dr #310 MAMI BEACH F1, 33139
CITY-ST-ZIP	MIAMI BEACH FL 33139		14 CITY-ST-ZIP	MIAMI BEACH FI, 33139
TITLE	D D	DELETE	2 1 TITLE	Change Addition
NAME	REICHMANN, DAVID M		2.2 NAME	
STREET ADDRESS	294 HILLHURST BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO M6B 1N1	DELETE	2. 4 CiTY - ST - 7iP	Change Addition
TITLE	OFO	PUPELLIE.	3.1 111LF	E Change Audition
NAME OTDEET ADODECC	HENDRICKS, CRAIG D 345 PALM STREET		3.2 NAME	
STREET ADDRESS	HOLLYWOOD FL		3.3 STREFT ADDRESS 3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE	HOLLINOODIL	DELETE	3.4. CHY-SI-ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City-St-ZiP	
TITLE		DELETE	5.1 TOTLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-S1-ZIP	
44 hereby c	actific that the information correlated with	the filips done not evaling for t	the everention state	od in Section 110 07/9/(i) Florida Statuton I further certify that the information

Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE: Make John Mohis Horner CED 4/23/98 (305) 538-8244 x 25