

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 17 1997 8:00am  
Secretary of State

DOCUMENT # P96000001322 (2)

1. Corporation Name

AIRBORNE SKATE AND SPORTS COMPLEX, INC.

Principal Place of Business

C/O JOHN J. RAYMOND JR  
1200 N FEDERAL HWY. SUITE 411  
BOCA RATON FL 33432

Mailing Address

C/O JOHN J. RAYMOND JR  
1200 N FEDERAL HWY. SUITE 411  
BOCA RATON FL 33432-2847



2. Principal Place of Business

21 3551 SW 116th Ave  
Suite, Apt. #, etc.

22 City & State

23 Davie, FL  
Zip

24 33330

Country

25 Broward

2a. Mailing Address

26 3551 SW 116th Ave  
Suite, Apt. #, etc.

27 City & State

28 Davie, FL  
Zip

29 33330

Country

30 Broward

9. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR  
1200 N FEDERAL HWY, SUITE 411  
BOCA RATON FL 33432

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

08/16/1996

4. FEI Number

APPLIED FOR 65-0731149

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

Robert M. Fitzgerald

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

83

3551 SW 116th Ave.

84 City

Davie

FL

85 Zip Code

33330

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME FITZGERALD, ROBERT  
STREET ADDRESS 2800 W OAKLAND PARK BLVD SUITE 200  
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE Director ☐ DELETE

NAME Lynn McBairty  
STREET ADDRESS 3551 SW 116th Ave.  
CITY-ST-ZIP Davie, FL 33330

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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 President ☒ Change ☐ Addition

1.2 NAME Robert M. Fitzgerald  
1.3 STREET ADDRESS 3551 SW 116th Ave.  
1.4 CITY-ST-ZIP Davie, FL 33330

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 do 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 an attachment with an address.

SIGNATURE

*[Signature]*

3-11-97

3-11-97

CR2E034 (9/96)