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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

05-10-1999 90205 045 \*\*\*150.00

**FILED** 

May 10, 1999 8:00 am Secretary of State

## DIVISION OF CORPORATIONS 1999 DOCUMENT # P9600020090 J B BIKE & SKATE SHOP, INC. Principal Place of Business Mailing Address 7111 HARDING AVE. 7111 HARDING AVE. MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business \_\_\_\_ 65-0653722 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Mo Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOGORAD, JOEL 82 Street Address (P.O. Box Number is Not Acceptable) 7111 HARDING AVE. MIAMI BEACH FL 33141 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE **BOGORAD, JOEL** NAME 1.2 NAME 7111 HARDING AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 14 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME  $\cdot,\cdot$ 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP ☐ Addition DELETE 51 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 employered 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, with all other like empowered

CITY-ST-ZIP

Bogorad

CR2E034 (11/98)

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