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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOCOMO 22252

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90044 044 ***150.00

Corporation	Name " F 30000	JU32333				
•						
SUPER	SKATES IV, INC.					C TORONOSI NE CENTE ANNO ARRIVADON ARRIVADENT ARRIVADON CHILD MERE CHIEF ANDE THE LEGIS
Principal Place	e of Business	Mailing Address				
13860 WELLENTON TRACE 1378 SOUTHWEST 160TH AVE			ENUE. BAY	E5		
SUITE 4 SUNRISE FL 33326						
WELLINGTON FL 33414						DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualifed
_						04/12/1996
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0703137 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27		•		rea Required
City & State	e i	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
	DDTD0 1110// 11		81	Name		
	DBERG, MARK H		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)
10000 STIRLING ROAD, SUITE 1				0.,000	, 100,00	
C O O	PER CITY FL 33024		83			
						85 Zip Code
			84	City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statutes	the above	e-named	corpor	ration submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was autr	norizea by	ине согра	oration	n's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fiorid	a Statutes			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: Re	egistered Agen	t signature r	required v	when reinstating) DATE
12.		ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		PO	Change Addition
NAME	REISFELD, PETER		1.2 NAME		PEN	er lessfeld
STREET ADDRESS	12031 NW 27 ST		1.3 STREET	ADORESS	800	Nau Iai Au
l	PLANTATION FL		1.4 CITY-S			LANTATION & 33325
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE		- -	☐ Change ☐ Addition
	SILBERMAN, ARTHUR S		2.2 NAME			
NAME	609 VERONA PL			***********		
STREET ADDRESS			2.3 STREET			را الله الله الله الله الله الله الله ال
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-S	T-ZIP		☐ Change ☐ Addition
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NAME			3.2 NAME		1	
STREET ADDRESS	İ		1		}	
CITY-ST-ZIP	•		3.3 STREET			
0111 01 2.11			1			
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		(DELETE	3.3 STREET 3.4. CITY-S			☐ Change ☐ Addition
TITLE		[] DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	T-ZIP		☐ Change ☐ Addition
TITLE NAME		☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T-ZIP ADDRESS		
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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 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, with all other like empowered.

SIGNATURE:

954-349-0400