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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 22 1997 8:00am  
Secretary of State

DOCUMENT # P96000043027 (7)

1. Corporation Name

BLADERUNNER IN-LINE SKATING SCHOOL, INC.



Principal Place of Business

Mailing Address

200 WINDWARD PASSAGE  
CLEARWATER FL 34630

200 WINDWARD PASSAGE  
CLEARWATER FL 34630

3. Date Incorporated or Qualified

05/13/1996

3a. Date of Last Report

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

10. Name and Address of New Registered Agent

BOSKUS, PERRY  
200 WINDWARD PASSAGE  
CLEARWATER FL 34630

81 Name

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

83

84 City

FL

85 Zip Code

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

*L Perry Boskus*  
Signature of current or former registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1-27-97*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PVST  
BOSKUS, PERRY  
200 WINDWARD PASSAGE  
CLEARWATER FL 34630

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
BOSKUS, PERRY  
200 WINDWARD PASSAGE  
CLEARWATER FL 34630

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
Change Addition

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 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: *L Perry Boskus*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-27-97*  
Date

Daytime Phone #

CR2E034 (9/96)