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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000050642 (3)

SKI & SPORT CONSIGNMENT CO.

Principal Place of Business

Mailing Address

1812 DREW STREET CLEARWATER FL \$4625 1812 DREW STREET **CLEARWATER FL 34625-2916** 

## **FILED** Jun 10 1997 8:00am Secretary of State

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						<ol> <li>Date Incorporated or Qualified 06/13/1996</li> </ol>	3a. Date of L	Last Report	
	lace of Business	2a. Mailing Add	Iress		- ·	4. FEI Number	<u> </u>	Applied For	
21 1812	Drew St	26 18	15 DV	eus	Sf	59-338329	ا د	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. 4	t, etc.			5. Certificate of Status Desired		.75 Additional	
22		27				G, Sermone of States Decines	F	ee Required	
City & State	1 07	City & State	rwat	0 10-	EQ	6. Election Campaign Financing		5.00 May Bo	
Zin	ar water, the	28 Clea	1 Mai	Country		Trust Fund Contribution		idded to Fees	
24 344	025 25 PIN	29 3 46	22 30		aís	This corporation has liability for in Florida Statutes	ntangiole tax un Yes 🔲 No	ider s. 199.032,	
	9. Name and Address of Current		<u> </u>		1.0	10. Name and Address of New Re			
VAN	DYCK, KATHRYN S			81	Name	NONE			
213 LAKE SHORE DR					82 Street Address (P.O. Box Number is Not Acceptable)				
	M HARBOR FL 34684			5treet Address (P.O. Box Number is Not Acceptable)					
I				83					
I				84	City	, , , , , , , , , , , , , , , , , , ,	- 85	Zip Code	
				(**	J Only		FL  **	Lip 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	Signature, typed or printed name of registered agent	and title d applicable	(NO1E Reg	jisterad Agi	nni signature requ	uirod when reinslating)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	Pres	[_] [	DELETE.	1.1 TITLE			☐ Ch	hange L Addition	
NAME	KATHRUMS, UDW.D.	act.		1.2 NAME					
STREET ADDRESS	KAthrynis. UnioD. 213 cake shore	der.	,	1.3 STREET	ADDRESS				
CITY-ST-ZIP	From Harbor FI		)	1.4 CITY - S	ST-ZIP				
TITLE		LJ۱	1	2.1 TITLE	1		L Ch	hange Addition	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	1				
CITY-ST-ZIP TITLE				2 4 CITY-1 3 1 TITLE	51-2IP		Ch	hange Addition	
NAME		. ت	1	3 2 NAME	1		<u></u>	lange	
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY - 1					
TITLE				4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Ch	hange Addition	
NAME				4.2 NAME					
STREET ADDRESS				4 3 STREET	ADDRESS				
CITY-ST-ZIP	<u>-</u>			4.4 CITY - 9	ST - ZIP				
TITLE			ELETE	5.1 TITLE			Ct	hange Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
City-St-ZIP	12-	<u> </u>		5.4 CITY - 5	5T - ZIP				
TITLE	-		ELETE	6.1 TITLE			☐ Ch	hange 🔲 Addition	
NAME				62 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S					
14, I do herel informatio I am an o appears i	by certify that the information supplied on indicated on this annual report or su officer or director of the corporation opt in Block 12 or Block 13 if changed or	with this filling does optemental annual he receiver or truste on an attachment w	inot qualify for report is true a de empowered rith an address	the exe and accu to exec s.	mption state urate and tha oute this repa	ed in Section 119.07(3)(i). Florida Staluter at my signature shall have the same loga ort as required by Chapter 607, Florida S	<ol> <li>I further certify leffect as if mad fatules; and that</li> </ol>	y that the de under oath; that it my name	