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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000059474** (2)

FILED Apr 27 1998 8:00am Secretary of State

	ESSIVE SKATERS, INC.		- ,						
Principal Place		Mailing Address							
106 NORTH SIXTH STREET 106 NORTH SIXTH STREET JACKSONVILLE FL 32250 JACKSONVILLE FL 32250					DO NOT WR	ITE IN THIS	SPACE		
						3. Date incorporated or Qualifie	d		
						07/16/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		L_A	pplied For
nl		26				59-3391660	<u> </u>	N	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							equired
City & State	8	City & State				6. Election Campaign Financing			May Be
23	I Constru	28		- t		Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ııry		8. This corporation owes or has			itangible □ No
24	9. Name and Address of Curre	129	30			Personal Property Tax due Ju 10. Name and Address of New			NO
· ·	NES, RICHARD K			81 Nam	e				
	1 WEST BAY STREET					····	<u>-</u>		
	KRD FLOOR		į.	82 Stree	et Addre	ess (P.O. Box Number is Not Accep	table)		
	CKSONVILLE FL 32202		}	63					
-	OHOOHINGE I E GEEGE								
				84 City			FL	85 Zip	Code
	m familiar with, and accept the oblig	of Florida. Such change wa ations of, Section 607.0505,	s authorized Florida Statu	by the cities.	orporatio	oration submits this statement for the on's board of directors. I hereby acc	cept the app	xointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag-					on's board of directors. I hereby according to the second of directors. I hereby according to the second of the se	DATE	D DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable. {N	IOTE: Registered	Agent signal		d when reinstaling)	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS AN D NELSON, JOHN	nnt and title if applicable. (ND DIRECTORS	IOTE: Registered 13. 1.1 TITI 1.2 NAI	Agent signal	vre required	d when reinstaling)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed nerve of registered ag OFFICERS AN D NELSON, JOHN 108 NORTH SIXTH STREET	nnt and title if applicable. (ND DIRECTORS	IOTE: Registered 13. 1.1 TITI 1.2 NAI	Agent signal	vre required	d when reinstaling)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed nerice of registered ag OFFICERS AN D NELSON, JOHN 108 NORTH SIXTH STREET JACKSONVILLE FL 32250	nril and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TITU 1.2 NAI 1.3 STF	Agent signal LE ME REET ADDRES Y-ST-ZIP	vre required	d when reinstaling)	DATE	DIRECTOI	RS IN 12
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4. 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 suppliemental 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 empoyered 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.

CICNATUDE.

on Mariala Vier Tree

4/19/98

904 242-0220