


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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063918 (2)
 1. Corporation Name
SKATE 2000 99 INC.



Principal Place of Business 420 LINCOLN RD. SUITE 385 MIAMI BEACH FL 33139	Mailing Address 420 LINCOLN RD. SUITE 385 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 420 LINCOLN RD	2a. Mailing Address 26 420 LINCOLN RD
Suite, Apt. #, etc. 450	Suite, Apt. #, etc. 450
City & State 23 MIAMI BEACH FL	City & State 28 MIAMI BEACH FL
Zip 33139 Country USA	Zip 33139 Country USA

3. Date Incorporated or Qualified 07/29/1996	4. FEI Number APPLIED FOR 65-0686023	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**POZNER, MICHAEL A
 420 LINCOLN RD, SUITE 385
 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 Michael Pozner **2/16/98** **CEO**
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	POZNER, MICHAEL A
STREET ADDRESS	800 WEST AVE #721
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	REICHMANN, DAVID M
STREET ADDRESS	294 HILLHURST BLVD
CITY-ST-ZIP	TORONTO, ONTARIO M6B 1N1
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, CRAIG D
STREET ADDRESS	345 PALM ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D POZNER, MICHAEL A
1.3 STREET ADDRESS	1460 OCEAN DR #310
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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 Michael Pozner **2/16/98** **(305) 538-9244**

CR2E034 (10/97)