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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000097440 (7)

SKATE 2000 OUTLET INC.

**FILED** Mar 25 1998 8:00am Secretary of State

T DE BANGON DIO IDIAE DIENI DENIA BONA DENIA DONIO ADAM ADERE DEDIA DIONE DONI 1865.

Principal Place	e of Business	Mailing Address		L SERVICES THE TOTAL DESIGN DE
420 LINCOLN	ROAD	420 LINCOLN ROAD		
#450		#450		DO NOT WRITE IN THIS SPACE
MIAMI BEACH	FL 33139	MIAMI BEACH FL 33139		3. Date Incorporated or Qualified
				11/25/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 250		26 250 East	Polm Drive	
Suite, Apt.		Suite, Apt. #, etc.	10110	¢0.75 1.140
22		27		5. Certificate of Status Desired Fee Required
City & State	9 ,	City & State	1	6. Election Campaign Financing \$5.00 May Be
23 F/o.	rida City fl	28 Florida 4	ty F/	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 330		29 33034 30	1 USA	Personal Property Tax due June 30.  Yes Vo
				10. Name and Address of New Registered Agent
	ZNER, MICHAEL A		81 Name	Carlo St. Cy-
			Address (P.O. Box Number is Not Acceptable)	
FL(	ORIDA CITY FL 33034			250 East Palm Drive
			83	
			84 City	Florida City FL 85 Zip Code 33034
	_/>	<u>.</u>		Florida City FL 33034
11. Pursuant to the provisions of Sections 507.0502 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.				
agent. I am/amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE N	1 Mills our	THE PRE	SIDENT	CARLO SAINT CHR 3/17/98
	Signature, typed or printed name of registered agent OFFICERS AND			e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AND	DELETE	13. 1.1 TITLE	President Change Haddition
NAME	POZNER, MICHAEL A	Dittelle	1.2 NAME	Carlo St. Cyr
STREET ADDRESS	1460 OEAN DRIVE, SUITE 310		1.3 STREET ADDRESS	250 East Palm Drive
	MIAMI BEACH FL 33139			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	Florida City, Florida, 33034 SECRETARY Dennis
NAME	REICHMANN, DAVID M	المالية المالية	2.2 NAME	GUBROA ST. CYR
STREET ADDRESS	294 HILLBURST BLVD.		2.3 STREET ADORESS	250 EAST PARM DR
CITY-ST-ZIP	TORONTO, ONTARIO M6B 1N1	1	2. 4 CITY-ST-ZIP	FLORIAGE CLPC, FL. 33034
TITLE	TOTAL CONTRACT MODELLA	DELETE	31 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS		ļ	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELE <b>TE</b>	4.1 TITLE	☐ Change ☐ Addition
NAMÉ		_	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			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 of 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on aposition with an address.