

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000027511 (9)

1. Corporation Name

OH III INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business SKATE AT THE RED WILLOW PLAZA 5942 RED BUG LAKE ROAD WINTER SPRINGS FL 32708		Mailing Address SKATE AT THE RED WILLOW PLAZA 5942 RED BUG LAKE ROAD WINTER SPRINGS FL 32708	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	420 LINCOLN RD
22	City & State	27	450
23	Zip	28	MIAMI BEACH FL
24	Country	29	33139
25		30	USA

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0738768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POZNER, MICHAEL A
SKATE AT THE RED WILLOW PLAZA
5942 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

81 Name

420 LINCOLN RD #450

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

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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, CEO, Michael Pozner

4/23/98

Signature, typed or printed name of registered agent and official approver

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D POZNER, MICHAEL A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZNER, MICHAEL A	1.2 NAME	
STREET ADDRESS	1460 OCEAN DR. SUITE 310	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	D REICHMANN, DAVID M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHMANN, DAVID M	2.2 NAME	
STREET ADDRESS	294 HILLHURST BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO M6B 1N1	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, CEO, Michael Pozner 4/23/98

CR2E034 (10/97)