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Secretary of State

05-05-1999 90214 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042358

1. Corporation Name

THE HOCKEY RINK INC.

Principal Place of Business

**19 SOMERSET STREET
CLEARWATER BEACH FL 33767**

Mailing Address

**19 SOMERSET STREET
CLEARWATER BEACH FL 33767**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3446335

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 676 Mandalay Ave

2a. Mailing Address

26 676 Mandalay Ave

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

23 Clearwater Beach Florida

City & State

28 Clearwater Beach Florida

Zip

24 33767

Country

25 U.S.A.

Zip

29 33767

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**COSTARELIS, NICK
19 SOMERSET ST
CLEARWATER BEACH FL 33767**

10. Name and Address of New Registered Agent

81 Name

NICK Costarelis

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

676 Mandalay Ave #114

83

84 City

Clearwater Beach

FL

85 Zip Code

33767

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PF** ☐ DELETE
NAME **COSTARELIS, NICK**
STREET ADDRESS **19 SOMERSET ST**
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PF** ☒ Change ☐ Addition
1.2 NAME **Costarelis, Nick**
1.3 STREET ADDRESS **676 Mandalay Ave #114**
1.4 CITY-ST-ZIP **Clearwater Beach Florida 33767**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **NICK Costarelis** **RECEIVED** **NICK Costarelis** **04-26-99** **(727) 893-0299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)