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 # P97000048570 (0)

HOT WHEELS SKATING CENTER, INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Address		{	DINAT INIDI AKKII KANK BARKINE
383 COLÉMAN STREET CRESTVIEW FL 32536		383 COLEMAN STREET			
CUEDIAIEM LT 95220		CRESTVIEW FL 32536		DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualified 05/30/1997 	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		69-3452756	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Register	ed Agent
MOLINARI, TAMMY [81] Na				RICHTER, FRANZ	A .
383 COLEMAN STREET			82 Street A	driess (P.O. Box Number is Not Acceptable)	
CRESTVIEW FL 32536				383 COLEMAN ST	
			83		
			84 City	25 (-4)	85 Zip Code
dd Directoria	to the provide so of Continue COZ OF O	0 C07 (500 Flacido Para do	<u> </u>		L 32536
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 agont, 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, lyped or printed name Degistered age	and and title if explicable (NO)	Registered Agent signature re	poured when reinslating) DAT	//0
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PID	DELETE	1.1 TITLE	PID	Change Addition
NAME	MOLINARI, TAMMY S	• •	1.2 NAME	YE SUN RICHTER 383 COLEMAN ST.	į
STREET ADDRESS	383 COLEMAN STREET		1.3 STREET ADDRESS	383 COLEMAN 1.	
CITY-ST-ZIP	CRESTVIEW FL 32536		1.4 CITY-ST-ZIP	CRESTVIEW, FL 32586	
TITLE	VD	DELETE	2.1 TITLE	VS MM	Change Addition
NAME	MOLINARI, EUGENE A JR		2.2 NAME	FRANZ RICHTER 383 COLOMAN ST.	
STREET ADDRESS	383 COLEMAN STREET		2.3 STREET ADDRESS	383 COLBIVATO	1
CRTY-ST-ZIP	ORESTVIEW FL 32536		2. 4 CITY - ST - ZIP	CRESTVIBLY FL 32536	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME		- Derie	4.1 TITLE		Chende Charlen
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
ľ					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY - ST- ZIP]
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

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 aid 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.