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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000049627 (7) **DOCUMENT** # 1. Corporation Name

OH FIFE INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O SKATE 2000 C/O SKATE 2000 650 LINCOLN ROAD 650 LINCOLN ROAD DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 05/28/1997 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0760694 RP 420 LIN CO/N Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FI Bruch 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 3139 Yes **N**No Personal Property Tax due June 30. 24 29 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POZNER, MICHAEL ALAN Name C/O SKATE 2000 82 Street Address (P.O. Box Number is Not Acceptable) 650 LINCOLN ROAD 83 MIAMI BEACH FL 33139 450 LINCOLN 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. CEU 02NEOL VICHAC SIGNATURE e of registered agent and title if applical fored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE POZNER, MICHAEL ALAN NAME 12 NAME 2E634 1460 OCEAN DRIVE, SUITE 310 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Chance TITLE REICHMANN, DAVID MITCHELL NAME 2.2 NAME 294 HILLHURST BLVD. 2.3 STREET ADDRESS STREET ADDRESS TORONTO, ONTARIO, M6B 1N1 OC CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE TITLE 4.1 DILE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - S1 - 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or the proportion of the corporation of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or the proposition of the corporation of the corporation

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