

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056216 (9)

1. Corporation Name

FAR EAST SKATEBOARDS INCORPORATED

Principal Place of Business

8639 N. HIMES AVE. #2718
TAMPA FL 33614

Mailing Address

8639 N. HIMES AVE. #2718
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1997

4. FEI Number

59-3455677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 4215 E. COLUMBUS DR.

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33605

Country

25 USA

2a. Mailing Address

26 4215 EAST COLUMBUS DR.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33605

Country

30 USA

9. Name and Address of Current Registered Agent

MERONEK, ROBERT
8639 N. HIMES AVE. #2718
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

83


84 City

FL

85 Zip Code

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

 ROBERT MERONEK

(NOTE: Registered Agent signature required when reinstating)

1/5/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP OF SALES
STREET ADDRESS CHRIS WILLIAMS
CITY-ST-ZIP 4215 E. COLUMBUS DR.
TAMPA, FL 33605

TITLE ☐ DELETE
NAME VP OF OPERATIONS
STREET ADDRESS BRIAN SCHAEFER
CITY-ST-ZIP 4215 E. COLUMBUS DR.
TAMPA, FL 33605

TITLE ☐ DELETE
NAME SECRETARY & TREASURER
STREET ADDRESS ROBERT MERONEK
CITY-ST-ZIP 4215 E. COLUMBUS DR.
TAMPA, FL 33605

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

SIGNATURE:  ROBERT MERONEK, Treasurer 1/5/97

8139033000

CR2E034 (10/97)