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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058478

I. Corporation Name

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90044 036 ***150.00

| SUPER S | SKATES X, INC. | | | | | | | | | |
|---|--|---|--------------|--------------------|-----------------|-----------|---|--------------|----------------------|----------------|
| Principal Place | e of Business | Mailing Address | | | | | T SODICEDE EVA SOVET EDERE DOSTE DO |) | METRY (MINT DENIE II | JUU1 1011 1011 |
| 1378 SW 160TH AVE. BAY E-5 WESTON FL 33326 1378 SW 160TH AVE. BAY E-5 WESTON FL 33326 | | | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | | Date Incorporated or Qualified 06/30/1998 | <u>-</u> | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | -	au | 4. FEI Number | | X Apr | lied For |
| 21 26 | | | | | | | | | Not | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | = Continue of Status Desired | | \$8.75 A | dditional |
| 27 | | | | | | | 5. Certificate of Status Desired | | Fee Re | quired |
| City & State City & State | | | | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 28 | | | | | | | Trust Fund Contribution | | Added to | Fees |
| Zip | | | | Country | | | 8. This corporation owes the curr | ent year Int | angible | |
| 24 | 25 | 25 29 30 | | | | | Personal Property Tax. | • | ☐ Yes | ⊠ No |
| 24 | 9. Name and Address of Cur | | | | | 1 | 0. Name and Address of New I | Registered | | |
| J. Hamb and Market of Garten | | | | | Name | | | _ | | |
| GOLDBERG, MARK H 10000 STIRLING ROAD | | | | | <u> </u> | | (D.O. Day N. Sharin Mat Assess | -blo\ | | |
| | | | | 32 | Street A | ddress | (P.O. Box Number is Not Accepta | apie) | | |
| SUITE 1 | | | 1 | 33 | | | | | | |
| COOPER CITY FL 33024 | | | - 1 | ~ | | | | | | |
| 3301 En 3111 1 E 300E 1 | | | 1 | B4 | City | | | FL | 85 Zip C | ode |
| | | | | | | | tion and write this atatament for the | | changing its | ragietarad |
| 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 | | | | | | | | | | |
| CIGITATORE | Signature, typed or printed name of registered | agent and title if applicable. (NOTE: F | Registered A | gent | t signature red | quired wh | en reinstating) | DATE | | |
| 12. | | | 13. | | | | ADDITIONS/CHANGES TO OF | FICERS AN | | RS IN 12 |
| TITLE | DELETE | | 1.1 TITL | E | , | D | | | Change | Addition |
| NAME. | | | 1.2 NAM | | | | fur SILBERMAN | | | |
| STREET ADDRESS | ss | | 1.3 STR | EET. | | | lerowa Place | | | |
| CITY-ST-ZIP | | | 14 CIT | | -ZIP | WEST | TON FL 33326 | _ | | |
| TITLE | DELETE 2.1 | | 2.1 TITL | 2.1 TITLE D | | D | • | | Change | Addition |
| NAME | : 2.2 | | 2.2 NAM | 2.2 NAME | | PETER | 2 LEIST ELD | | | |
| STREET ADDRESS | 23 | | 2.3 STR | | | | NW(2) AV | • | | |
| | .00 | | | 2, 4 CITY-ST-ZIP | | | UTATIN FC. 33325 | | | .] |
| CITY-ST-ZIP | | | | 3.1 TITLE | | r | | | Change | ☐ Addition |
| | 32 | | | | | | | | , | ļ |
| NAME | | | | | ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | 34.0 | | | | I-ZIP | | | _ | Change | Addition |
| TITLE | | | | 4.1 TITLE | | | | | | |
| NAME | | | 1 | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | | 4 3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | 440 | | | /-ST | r-ZIP | | | | | |
| TITLE | ☐ DELETE 5.1 | | | 5.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAM | Æ | | | · | | | |
| STREET ADDRESS | | | 5.3 STR | EET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST | r-ZIP | | _ | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | E | | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAA | ΛE | | | | | | |
| | | | 1 | | ADORESS | | ٠, | | | |
| STREET ADDRESS | | | | | -ST-ZIP | | | } | | |
| CITY-ST-ZIP | · · | | 0.4 0111 | ا ټ٠, | - 4r | | | | _ | |

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

754-349-0400

Daytime Phone #