

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90029 049 ***150.00

05-19-1999 90029 050 *****5.00

DOCUMENT # P98000068866

1. Corporation Name
XPO SKATE CENTER, INC.

Principal Place of Business
ATTN: DESMOND KAMEKA
110 S.E. 6TH ST., STE. 1820
FT. LAUDERDALE FL 33301

Mailing Address
ATTN: DESMOND KAMEKA
110 S.E. 6TH ST., STE. 1820
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

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 5397 Orange Drive

Suite, Apt. #, etc.

22 Suite 202

City & State

23 DAVIE, FL

24 33314

Country

25 U.S.A

2a. Mailing Address

26 5397 Orange Drive

Suite, Apt. #, etc.

27 Suite 202

City & State

28 DAVIE, FL

29 33314

Country

30 U.S.A

9. Name and Address of Current Registered Agent

KAMEKA, DESMOND
110 S.E. 6TH ST., STE. 1820
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

KAMEKA, Desmond G.

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

5397 Orange Drive

83 Suite 202

84 City

DAVIE

FL

85 Zip Code

33314

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 P
NAME KAMEKA, DESMOND
STREET ADDRESS 110 S.E. 6TH ST., STE. 1820
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME KAMEKA, Desmond
1.3 STREET ADDRESS 5397 Orange Drive
1.4 CITY-ST-ZIP Suite 202 DAVIE, FL 33314

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

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

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

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

6.1 TITLE
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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desmond G. Kameka

Date

April 30/99

Daytime Phone #

954-3

CR2E034 (11/98)

0279005