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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13704** (9)

1. Corporate Name
SKABATS, INC.



Principal Place of Business

Mailing Address

**2500 E HALLANDALE BCH BLVD
STOREFRONT Y
HALLANDALE FL 33009
US**

**2500 E HALLANDALE BCH BLVD
STOREFRONT Y
HALLANDALE FL 33009
US**

3. Date Incorporated or Qualified
11/16/1990

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #206**

27 **SUITE #206**

City & State

City & State

23 **MIAMI BEACH, FLA**

28 **MIAMI BEACH, FLA**

Zip

Country

Zip

Country

24 **33160**

25 **U.S.**

29 **33160**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALISHMAN, STUART
2500 E HALLANDALE BCH BLVD
STOREFRONT Y
HALLANDALE FL 33009**

81 Name

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

17395 NO BAY ROAD # 206

83

84 City

MIAMI BEACH

FL

85 Zip Code

33160

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **KALISHMAN, STUART**
STREET ADDRESS **2500 E HALLANDALE BCH BLVD #Y**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **ST** ☐ DELETE

NAME **KALISHMAN, STUART**
STREET ADDRESS **2500 E HALLANDALE BCH BLVD #Y**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**17395 NO. BAY ROAD # 206
MIAMI BEACH, FLORIDA 33160**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**17395 NO. BAY ROAD # 206
MIAMI BEACH, FLORIDA 33160**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (305) 935-1040

Date

Daytime Phone #

CR2E034 (12/95)