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 # . \$33551

1. Corporation Name

C & C SKATE, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90015 017 ***150.00

						J		.>5504 - 9001	5 - 17	•
rincipal Plac	ce of Business	Mailing Address								
445 RIVIERA DRIVE 1445 RIVIERA DRIVE										
				4744			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
						- {	02/21/91			ļ
Principal P	Place of Business	2a. Mailing Address					4. FEI Number		- $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	Applied For
26							_59-3049950			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired Sequence Fee Required			
City & State City & State							6. Election Campaign Financing			
]		28				Trust Fund Contribution Added to Fees				
Zip i	Country	Zip		intry			8. This corporation owes the curr	-		
i	25	29	30	_		1	Personal Property Tax.		X) Yes	□No
TIVILED II	9. Name and Address of Currer	it Registered Agent	-	81	Name		10. Name and Address of New R	egistereu A	gent	
	EE, DOROTHY S.			01	Hallie					\
.445 RIVIERA DRIVE GISSIMMEE, FL 34744				82 Street Address			(P.O. Box Number is Not Accepta	ble)		
	, · ·			83						
				84	City			FL	85 Zi	o Code
1 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the a	boye	e-named	corpora	tion submits this statement for the	purpose of c	hanging i	ts registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	authorized	l by	the corpo	oration's	board of directors, I hereby accep	t the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered age:					14	en reinstating)	DATE		
2.	13.	Agen	ir eignature i	edmied Mi	ADDITIONS/CHANGES TO OF		DIREC	ORS IN 12		
TLE	OFFICERS AND DIRECTORS 13. DPT			TLE			7.001110110701111101011011011011011	102/107/11	☐ Chang	
AME				AME						_ {
					ADDRESS	ł				-
	~ N			TY-S						
Ty-st-zip Tle	Florier				1-41	 -			☐ Chang	e
AME :	/vs		2.2 NAME							
TREET ADDRESS	MURHERJEE, DUROINI 5.			2.3 STREET ADDRESS						ì
	1445 KIVIDIG DKIVI	,	и		T-ZIP	ł				1
ity-st-zip Tle	KISSIMMEE, FL 3474	4 DELETE	3.1 TI		1-214				☐ Chang	e [] Addition
	{		3.2 N			[•			
AME	ļ		A .		ADDRESS)	·			}
TREET ADDRESS	Ì		H							
TY-ST-ZIP		☐ DELETE	3.4. C		1-ZIP				☐ Change	e 🔲 Addition
TLE		المالية المالية	4.2N							
AME			Li Li		ADDRESS	{				
TREET ADDRESS	1		Ŋ			<u> </u>				}
ty-st-zip tle				4.4 CITY-ST-ZIP 5.1 TITLE					Change	e [] Addition
			5.2 N/							
AME]		1		ADDRESS					,
REET ADDRESS			5.4 CI							ľ
TY-ST-ZIP *	 	☐ DELETÉ	6.1 TT		-	 - -			☐ Change	Addition
			6.2 N				•			
AME	[•		ADDRESS					1
REET ADDRESS)		6.4 CI		1					ļ
TY-ST-ZIP	L	10 11 1 10 A A - 170 F	8			1:- 0: :	ing 440 07/2/6) Florida Statutos I			

I hereby certify that the information supplied with this filling 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:

(407) 933-1998