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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S83115

RINK MANAGERS OF FLORIDA, INC.

(3)

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 110011010 101101010111111111111111111			•
3737 N DAVIE	RD EXT	3737 N DAVIE RD EXT	3737 N DAVIE RD EXT						
HOLLYWOOD	FL 33024	HOLLYWOOD FL 33024	HOLLYWOOD FL 33024			DO NOT WRITE IN THIS SPACE			
							= IN THIS	SPACE	
						3. Date Incorporated or Qualified 09/26/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		AF	oplied For	
21		26				65-0292496			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing	,	\$5.00	May Be	
23		28			Trust Fund Contribution		Added		
Zip	Country	Zip	Cou	ntry	,	8. This corporation owes or has p	aid the cu	rrent year Inf	tangible
24	25	29	30			Personal Property Tax due Juni		<u> </u>	No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	agistered	Agent	
GU	ELLI, TONY			81	Name				
	87 N DAVID RD EXT		82 Street Ad			ess (P.O. Box Number is Not Accepta	ble)		
nu 	LLYWOOD FL 33024		83				1		····
			ļ	84	City		FL	85 Zip	Code
44 5	the manufales of Captions 207.05	00 and 607 1509 Florida Statut	oo tho of		nomed core	oration submits this statement for the	DUTDOSA I	=	te registered
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 little it applicable. (NOTE. Re					ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	D DIRECTOR	DQ INI 12
12.	D OFFICERS AI	DELETE DELETE	13. LETE 1,1 TO			ADDITIONS/CHANGES TO OFFI	DERO AN	Change	Addition
TITLE	GUELLI, TONY		1.2 NA						
NAME	3737 N DAVIE RD EXT				ADDRESS				
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NAME									
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CITY-ST-ZIP			5.4 CITY-ST-ZIP					Chance	Addition
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NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		Sat all a great also to the same of the	6.4 CI	TY-S	T-ZIP	Section 119.07(3)(i), Florida Statutes.	1 fuither -	antific that the	(information)
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indicated on this annual report or supplied with this limit does not qualify in the exemption stated in Section 119.0 (13)(), Florida Statutes. 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:

1-8-98

954-435-3300