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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # S89158

(7)

SUNSHINE SKATE EQUIPMENT, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



3711 TAMPA RD #108 OLDSMAR FL 34677					3711 TAMPA RD #108 OLDSMAR FL 34677-6309										
										-	3. Date Incorporated or Qualif		3a. Date of Last Report 05/01/1996		
2. Principal Place of Business					28. Mailing Address						4. FEI Number			pplied For	1
21					26						59-3095379		N	lol Applicable	1
Sulte, Apt. #, etc.					Suite, Apt #, etc.						5. Certificate of Status Desired			Additional lequired	
City & State					City & State						6. Election Campaign Financin	na	\$5.00	May Be	7
23					28					İ	Trust Fund Contribution	~ D		to Fees	
Zip	Country				Zip Cou			Country	·		8. This corporation has fiability	for intangi	ble tax under	s. 199.032.	1
24	25				29 30					Florida Statutes 🔀 Yes 🗌 No					
	9. Name	and A	ddress of Curre	nt Regi	Registered Agent						10. Name and Address of New Registered Agent				
HOA	G, CYNTH	IA F						81	Name						
15648 BEAR CREEK DR.								82	Street A	ddress	(P.O. Box Number is Not Acce	ptable)			
SUITE 103 Tampa FL 33624								83							1
								84	City			F	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.									L.e-named of the corp	corpora oration	tion submits this statement for s board of directors. I hereby a			its registered s registered	_
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE															
12.			OFFICERS AN			`-		13.			ADDITIONS/CHANGES TO C			RS IN 12	3
TITLE	P					LLETE		.1 TITLE					Change	Addition	
NAME	HOAG, C	YNTH	A F.		 -		1	2 NAME					•		3
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STREET ADDRESS	HOAG, CHRISTOPHER P. 3711 TAMPA RD #108								ADDRESS						
CITY-ST-ZIP	OLDSMA		D # 100					2. 4 CHY-	- 1						ł
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NAME								3.2 NAME							
STREET ADDRESS							4		ADDRESS						
CITY-ST-ZIP								3.4 CITY-							
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STREET ADDRESS									ADDRESS						
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CITY-ST-ZIP TITLE					Пр	ELETE		1.4 GHT - 3 5.1 HILE	51-21r				Change	Addition	1
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NAME Street address								5.2 NAME : a CTBEE	ADDRESS					•	
·									1						
CITY-ST-ZIP TITLE					D	ELF1E		5 4 CITY - S 5 1 TIDLE	SI · ZIP				Change	Addition	\exists
NAME					ں لیا		- 1	S 2 NAME						ADDITION	
									Abborée						
STREET ADDRESS	1						- 1		ADDRESS						}
14. do hereb	ov certify tha	l tho in	formation supplie	ed with t	this diling does	not quali		the exc		ated in	Section 119.07(3)(i), Florida St	atutes. I fur	ther certify that	it the	-

I do hereby certify that the information supplied with this illing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this above the same legal effect as if made under oath; that I am an officer or director of the quity a printing the receiver or trutter of provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in chapter it is a statute of the control of

4/20/02 813-850