

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001418 (9)

1. Corporation Name
 NITRO LEISURE PRODUCTS, INC.



Principal Place of Business

1299 S.W. BILTMORE STREET
 PORT ST LUCIE FL 34983

Mailing Address

1299 S.W. BILTMORE STREET
 PORT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

~~APPLIED FOR 65-0738375~~

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 590 N.W. PEACOCK BLVD.

Suite, Apt. #, etc.

22 SUITE 3

City & State

23 ST. LUCIE WEST, FL

Zip

24 34986

Country USA

25 ST. LUCIE

2a. Mailing Address

26 590 N.W. PEACOCK BLVD.

Suite, Apt. #, etc.

27 SUITE 3

City & State

28 ST. LUCIE WEST, FL

Zip

29 34986

Country USA

30 USA

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PCD	KHOURY, AMIN J	1400 CORPORATE CENTER WAY	WELLINGTON FL	<input type="checkbox"/>
VTD	LAHAR, DAVID A	2101 BUSH STREET	SAN FRANCISCO CA	<input type="checkbox"/>
CFO	WESTMAN, WILLIAM L.			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFO	WESTMAN, WILLIAM L.	1499 N.W. AMHERST DR.	ST. LUCIE WEST, FL 34986	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRES.	AMIN C. KHOURY	590 N.W. PEACOCK BLVD., SUITE 3	ST. LUCIE WEST, FL 34986	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	PAUL D. KANE	1299 SW BILTMORE ST.	PORT ST. LUCIE, FL 34983	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

(Signature)

7/6/98 (560) 878-0177

CR2E034 (5/98)