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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L69209

(9)

SOUTH FLORIDA SURF, INC.

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Place		Mailing Address				
% SCOTT PAYNE 237 NE 167TH ST		% SCOTT PAYNE 237 NE 167TH ST				
MIAMI FL 33162		MIAMI FL 33162-2302		3. Date Incorporated or Qualified 04/24/1990	3s. Date of Last Report 02/20/1996	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 /6231 BisonymeBIVA		26 SAME			65-0189070	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 No MiAmi Benott FL		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	'y	8. This corporation has liability for	intangible tax under s. 199.032,
24 331 L	9. Name and Address of Current	29 Registered Agent	30]		Florida Statutes 10. Name and Address of New Re	
DAVI	NE, SCOTT	riogiotolou rigotii	8	1 Name	10. 110.110	- Biotara a rigori
237 NE 167TH ST MIAMI FL 33162				2 Street Address (P.O. Box Number is Not Acceptable)		
				3		
			8	4 City	***************************************	FL 85 Zip Code
off-de or re	egistered agent, or both, in the State of	of Florida. Such change was	authorized t	by the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
agent Lar SIGNATURE	ri familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statut	9S.		
	Signalize: typed or printed name of registered agen			gent signature requi	ired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFE	
TITLE	D Payne, scott	☐ DELETE	1.1 TITLE			L. Change L. Addition
NAME	237 NE 167TH ST		1.2 NAMI			
STREET ADDRESS	MIAMI FL			ET ADDRESS		
CITY-ST-ZIF TITLE	Meanite	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME			2 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIF			2 4 0 11 Y			
TITLE		DELETE	3.1 TITLE		, , , , , , , , , , , , , , , , , , , 	Change Addition
NAME			3.2 NAM	:		
STREET ADDRESS			3.3 STRE	et address		
CHY-ST-ZIP			3.4. CITY	- ST - ZIP		
1:TLF		DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-S1-ZiP			4.4 City	-SY-ZIP		
TITLE		DELETE	51 THILE			Change Addition
NAME			52 NAM	E		
STREET ACIDRESS			53 STRE	ET ADDRESS		j
CITY-S1-7(P		,,,,,	54 City	- ST - 21P		
THIF		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			62 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-S1-ZIP			64 CITY			
information	n indicated on this applial tenort or si	innlemental annual report is	true and ac	curáte and the	d in Section 119.07(3)(i), Florida Statut it my signature shall have the same leg	at effect as if made under oath, that I
I am an of	ficer or director of the corporation or	the receiver or trustee empo	wered to ex	cute this repo	ort as required by Chapter 607, Florida	Statutes; and that my name