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 # P94000042943

1. Corporation Name

RADICAL SURF & SAIL, INC.

Principal Place of Business	Mailing Address
614 NORTH OCEAN BLVD.	614 NORTH OCEAN BLV
POMPANO BEACH FL 33062	POMPANO BEACH FL 3

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90198 020 ***150.00



614 NORTH OC POMPANO BEAG		614 NORTH OCEAN BLVD. POMPANO BEACH FL 33062		DO NOT WRITE IN THIS	S SPACE_			
					3. Date Incorporated or Qualifed 06/08/1994			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	* -	pplied For	
21	_	26			65-0496779		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	7	Additional Required	
City & State	9 .	City & State			6. Election Campaign Financing Trust Fund Contribution	* * - · ·	May Be to Fees	
Zip	Country	Zip	Counti	у	This corporation owes the current year In Personal Property Tax.	tangible Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
	-		8	1 Name				
Blodig, Gregory J 1630 North Federal Hwy.				2 Street Ad	dress (P.O. Box Number is Not Acceptable)			
FT L	AUDERDALE FL 33305		8	3				
			8	4 City	FI	85 Zip	Code	
agent, i ai	m ramiliar with, and accept the obligation	ons of, Section 607.0005, Fior	ida Statute		orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing it intment as r	s registered egistered	
	Signature, typed or printed name of registered agent			ent signature requ	uired when reinstating) DATE	UD DIDEOT	000 11 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	JANOTA, TIMOTHY		1.2 NAME					
STREET ADDRESS	614 NORTH OCEAN BLVD.		1.3 STRE	ET ADDRESS			l	
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-	ST-ZIP				
TTLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	Janota, irene		2.2 NAME	:	_		_	
STREET ADDRESS	614 NORTH OCEAN BLVD.	<u> </u>	2.3 STRE	ET ADDRESS		•	- }	
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY	-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME	:			Į	
STREET ADDRESS			3.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	·	_		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4.2 NAM	E			Į	
STREET ADDRESS			4,3 STRE	ET ADDRESS			ĺ	
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME		 -	5.2 NAME					
			5,3 STRE	ET ADDRESS			J	
STREET ADDRESS			5.4 CITY-	- I			Ì	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		<u> </u>	[~] Change	Addition	
TITLE			6.2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS				i				
ADD 1 AD 1			64 CITY	21-ZP			· · · · · · · · · · · · · · · · · · ·	

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR