FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								¬ FILED					
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			Feb	02 19			00a	m		
1998			Secretary of State DIVISION OF CORPORATIONS				Secretary of State						
DOCU 1, Corporation	MENT # 41915	9	(9)					50	orota	ry C) I \	, iai	
STADIL	UM JUMPING, INC.		` ,										
•													
Principal Plac	ce of Business	Mai	ling Address							E))		1 B1811 B1881 1	
			04 CHERRY PALM DRIVE JITE 220				İ						
TAMPA FL 33619			TAMPA FL 33619				,		DO NOT WRIT		SPACE		
								3. Date Incorporate	ed or Qualified				
2. Principal P	Place of Business	2a.	Mailing Address				-	02/16/1973 4. FEI Number	:			Applied f	For
21		26				_		59-144698	0		_	Not Appl	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Sta		*		75 Addition e Required	
City & State			City & State					Election Campai Trust Fund Cont			\$5.	00 May ⊟	3e
Zip	Country		Zip	Count	ry		_	8. This corporation		البا ald the cu		ded to Fees	
24	25	29		30				Personal Proper	ty Tax due Jun	e 30.	Yes	☐ No	
	g. Name and Address of Curre	nt Registe	red Agent	8	-	Name		10. Name and Add	ress of New R	gistered	Agent		
	SCHE, EUGENE R. D4 CHERRY PALM DRIVE								1				
	ITE 220			8:	2 8	Street Ad	ddress	(P.O. Box Number	is Not Accepta	ole)		-	
	MPA FL 33619			8:	3								
				84	4 (City				FL	85 2	Zip Code	
11. Pursuant l	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	22 and 607 of Florida	.1508, Florida Statut . Such change was	es, the abo authorized b	ve-n	amed corpo	orpora oration'	ation submits this sta 's board of directors	tement for the	purpose of pt the app	f changir oointment	ng its regis as registe	tered red
SIGNATURE	m ramma wat, and accept the oblig	ations of,	36Ct(011 007.0303, FR	JIIOA SIBIUN	55.				•				
	Signature, typed or printed name of registered ag			E: Registered A	gent s	signature re	quired w			DATE		•	
TITLE	PD OFFICERS AN	DIRECT	DELETE	13.				ADDITIONS/CHAP	NGES TO OFFI	DERS AND	DIRECT Chan		2 ddition
NAME	MISCHE, EUGENE R				1.2 NAME							ъ П.V.	duladii
STREET ADDRESS	3104 CHERRY PALM DR, SUITE 220			1.3 STREET ADDRESS									
CITY-ST-ZIP				_	1.4 CITY - ST - ZIP								
TITLE NAME	TS DELETE MORRISSEY, PATRICK W.			2.1 TITLE 2.2 NAME							∐ Chan	je 🗀 Ac	dition
STREET ADDRESS	3104 CHERRY PALM DR, SU	ITE 220		2.3 STREE		DRESS							
CITY - ST - ZIP	TAMPA FL			2. 4 CITY-		- F							
TITLE	AS		A DELETE	3.1 TITLE			AS				Chang		ddition
NAME STREET ADDRESS	UITERWYK, JAN D			3.2 NAME			MO:	rrissey, 04 Cherry	Michael Palm T	LJ.	ui ta	220	
CITY-ST-ZIP	19001 CHEVAL TRAIL LUTZ FL			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			Ta	mpa, Flor	ida 33	3619	arre	. 220	
TITLE	VD	DELETE			4,1 TITLE				*		Chang	ge 🔲 Ad	dition
NAME	GILL, HARRY R.			4. 2 NAME	•								
STREET ADDRESS	PO BOX 187 N/A			4.3 STREE		f							
C(TY - ST - Z)P TITLE	FAIRVIEW VILLAGE PA			_	4.4 CITY-ST-ZIP 5.1 TITLE						Chang	ne Ac	ldition
NAME				5.2 NAME		1						٠,٠٠٠ بيت	J.1.011
STREET ADDRESS				5.3 STREE	T ADO	RESS							
CITY-ST-ZIP			Dr. eve	5.4 CITY-	ST-ZI	P					<u></u>		
TITLE NAME			DELETE	6.1 TITLE							Chang	je 🗌 Ad	idition
STREET ADDRESS			_	6.2 NAME 6.3 STREE		ORESS							

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 myster enounced 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 addries.

SIGNATURE: