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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

NNA	1997 Secretary of State Division of Corporations			Secreta	Secretary of State	
1	MENT # 532224	(3)				
SURF A	and sand inc.					
Principal Place of Business 14801 GULF BLVD. MADEIRA BEACH FL 33708		Mailing Address 14601 GULF BLVD. MADEIRA BEACH FL 33708-2149		F LUDIOI DIIRA HITA HOTA HUTA ALDII BHIT	BIBNI OMBIK DABIN BIBNI BIBNI BIBNI BIBNI	
				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal	Place of Business	2a. Mailing Address		04/25/1977 4. FEI Number	04/08/1996 Applied For	
21		26		59-1738986	Not Applicable	
Suite. Apr	t. #. oto	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Z ₁ D	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for a	Added to Fees	
24	25	- h 1-	30	· · · · · · · · · · · · · · · · · · ·	Yes No	
	9. Name and Address of Curren	it Registered Agent	521	10. Name and Address of New Re	gistered Agent	
RICHARD A. GOULET 81 Name						
14801 GULF BLVD.			82 Street	Address (P.O. Box Number is Not Acceptab	ole)	
MA	DEIRA BEACH FL 33708		63		parent	
			84 City		85 Zip Code	
					FL `	
office or agent. I	it to the provisions of Sections 607.050 registered agent, or both in the State am familiar with, and accept the obliga	2 and 607, 1508, Florida Statute of Florida, Such change was at ations of, Section 607,0505, Flor	s, the above-named uthorized by the cor ida Statutes.	d corporation submits this statement for the proporation's board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Signature types or printed har in of registered agr	of and title r applicable (NOTE	Registered Agent signature	e required when reinslating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P Richard A. Goulet	☐ DELETE	1.1 TITLE		Change Addition	
NAME STREET ADDRESS	ALAKA ALAT ALIT MARTI		1.3 STREET ADDRESS			
City-St-ZiP	SEMINOLE FL		1.4 CITY - ST - ZIP			
TITLE	VP	DELETE	2.1 TITLE		Change Addition	
NAME	RICHARD S. TINKHAM ,		2.2 NAME			
STREET ADORESS	054111015 E1		2.3 STREET ADDRESS]		
CITY-ST-ZIP THILE	SEMINULE FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME		والتقادة في	3.2 NAME			
STREET ADDRESS	5		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME PROFES ADMINISTRA			4. 2 NAME	·		
STREET ADDRESS CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		+	
STREET ADDRESS			5.3 STREET ADDRESS			
City-\$t-7iP			5.4 City-St-ZiP		/ Al	
TOTLE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			

6.4 CITY - ST - ZIP 14. I do 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 15 if changed, or on an attachment with an address.

6 3 STREET ADDRESS

A UHFD SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 03 1997 8:00am