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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 579286 1. Corporation Name

BILL PETERSON SKI SCHOOL, INC.

Apr 21, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State **DIVISION OF CORPORATIONS** 04-21-1999 90166 010 ***150.00

									A BUKU BUBUU BU		AL G a g al Gub al 4 88 4	
Principal Place	of Business	Ma	ailing Address									
2214 WHALER WAY 2214 WHALER WAY												
P. O. BOX 835 WINDERMERE FL 34786-7835			P. O. BOX 835 WINDERMERE FL 34786-7835				Ì	DO NOT WRITE IN THIS SPACE				
WINDERMENE !	E 34780-7033	***	MELINETIC TO 04700-700	•			 	3. Date Incorporated or Qualifed				٦
			•				1	07/17/1978				}
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number			Applied For	1
21			26					59-1894110			Not Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional	1
22			27					5. Certifcate of Status Desired		Fee	Required	ļ
City & State			City & State					6. Election Campaign Financing S5.00 May Be				
23 .			28					- Trust Fund Contribution			d to Fees	<u></u>
Zip Country			Zip Country			·		8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax.				☐ Yes XNo			_	
	9. Name and Address of Curre	nt Regis	tered Agent		<u> </u>	,		10. Name and Address of New Re	gistered /	Agent		4
					81	Name						
PETERSON, WILLIAM SEATON)			Street A	Street Address (P.O. Box Number is Not Acceptable)					
2214 WHALER WAY												_
WINL	DERMERE FL 34786-7835				83	.						-
					84	City				85 Zij	p Code	1
									FL			╛
11. Pursuant office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 6 of Florid	07.1508, Florida Statute da. Such change was at	s, the	aboved by	e-named c the corpor	corpora ration'	ation submits this statement for the p s board of directors. I hereby accept	urpose of the appoin	changing introduction	its registered registered	
i	m lamiliar with, and accept the oblig	audiis ui	, 360001 007.0303, 1 101	iua St	autes	•						1
SIGNATURE	Signature, typed or printed name of registered agr	ent and title	if applicable. (NOTE:	Registe	red Agei	nt signature rec	quired w	hen reinstating)	DATE			1 :
12.	OFFICERS A			1:	3.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIREC	TORS IN 12] }
TITLE	PD		☐ DELETE	1.1	TITLE					Change	e Addition	1 3
NAME	PETERSON, WILLIAM SEATON	٧		1.2	NAME							;
STREET ADDRESS	00 4 4 150 161 FM 16131			1.3 51		3 STREET ADDRESS						
CITY-ST-ZIP	WINDERMERE FL			1.4 C		CITY-ST-ZIP			_	•		_ 8
TITLE	SV		☐ DELETE	2.1	TITLE					Chang	je 🔲 Addition	ıl °
NAME	PETERSON, BARBARA P			2.2	NAME					•		-
STREET ADDRESS			2.3 \$		2.3 STREET ADDRESS							
CITY-ST-ZIP	WINDERMERE FL			2.	4 CITY-S	ST-ZIP			_			╛
TITLE			☐ DELETE	3.1	TITLE					☐ Chang	ge	١,
NAME				3.2	NAME	-						1
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NAME				4. 2	2 NAME	1						(
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CITY-ST-ZIP				4.4 CITY-		T-ZIP						_
TITLE			[] DELETE	5.1 TITLE				· 		☐ Chang	je 🔲 Addition	١ [
NAME				5.2	NAME							
STREET ADDRESS				5.3	STREE	T ADDRESS						
CITY-ST-ZIP					CITY-S	T-ZIP						_
TITLE			DELETE	6.1	TITLE	T				Chang	ge 🔲 Addition	¹ [
NAME				6.2	NAME	- \						1
STREET ANDRESS				6.3	STREE	TADDRESS						J

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.

6.4 CiTY-ST-ZiP

SIGNATURE:

CITY-ST-ZIP