

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 580952 (0)

1. Corporation Name

ENDURANCE SPORTS, INC.

Principal Place of Business

9750 GRIFFIN RD.
COOPER CITY FL 33328

Mailing Address

9750 GRIFFIN RD.
COOPER CITY FL 33328



3. Date Incorporated or Qualified
07/10/1978

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 1382 S.W. 160th Ave

2a. Mailing Address

26 1382 SW 160th Ave

22 Weston, Florida

Suite, Apt. #, etc.

27 City & State
Weston, Florida

23 33326

28 Zip
33326

24 Country
USA

29 Country
USA

4. FET Number
59-1854379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANSPEAKER, CLYDE W.
801 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and for corporation

(If for Registered Agent signature, include name of corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
WILHELM, KEITH
600 N.W. 22ND CT
FT. LAUDERDALE FL

☐ DELETE

VPS
WILHELM, SALLY
600 N.W. 22ND CT.
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. CITY-ST-ZIP

6. CITY-ST-ZIP

7. CITY-ST-ZIP

8. CITY-ST-ZIP

9. CITY-ST-ZIP

10. CITY-ST-ZIP

11. CITY-ST-ZIP

12. CITY-ST-ZIP

13. CITY-ST-ZIP

14. CITY-ST-ZIP

15. CITY-ST-ZIP

16. CITY-ST-ZIP

17. CITY-ST-ZIP

18. CITY-ST-ZIP

19. CITY-ST-ZIP

20. CITY-ST-ZIP

21. CITY-ST-ZIP

22. CITY-ST-ZIP

23. CITY-ST-ZIP

24. CITY-ST-ZIP

25. CITY-ST-ZIP

26. CITY-ST-ZIP

27. CITY-ST-ZIP

28. CITY-ST-ZIP

29. CITY-ST-ZIP

30. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Daily Curleen

4/5/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)