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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFITMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90038 008 ***150.00

DOCUMENT # 580952

1. Corporation Name

ENDURANCE SPORTS, INC.

Principal Place	of Business	Mailing Address						,,			.,		• • • • • • • • • • • • • • • • • • • •			
1382 SW 1607H AVE.			1382 SW 160TH AVE.													
WESTON FL 33326			WESTON FL 33326						DO NOT WRITE IN THIS SPACE							
US		US					-	3. Date Incorporated or Qualifed								
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9 Primainal Pl	ace of Business		2a. Mailing Address			-		1	FEI Nu						Anr	oled For
<u>}</u> —	ace of Business		→ *					"		354379				-		Applicable
Suite, Apt.	# 646		Suite, Apt. #, etc.					+	39 10	NAOL 3				\$8		ditional
	#, etc.		-					5.	Certifo	a:e of Stat	us Desir	ed (ee Re	
City & State			City & State					+-		n Campaid	Finan	oina —				May Be
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Zip Count y			Zip Cou			intry				poration		current	t vear lut			
24					0			0.		ai Propert		, 64110111	i your mi	Ye		[]No
9. Name and Address of Current 3						_		10. Name and Address of New Registered						Agent		
	<u> </u>				81	Nia	ame									
MANSPEAKER, CLYDE W.										· . · · · · ·						
	801 EAST OAKLAND PARK BOULEVAR				82	St	treet Add	fress (F	O. Bo	Number i	s Not Ac	ceptabl	e)			J
FORT	T LAUDERDALE FL				83											
														_,		
					84	Ci	ity						FI_	85	Zip C	cde
44 Duminant	to the previous of Co	Tions 607 0502	and 607.1508, Florida Stat	tules th	e above	a_na	med co	noratio	n suhmi	te this stat	ement fo	r the nu		chang	ina its	registered
office or re	egistered agent, or hot	 in the State of 	Florida, Such change was	authori	ized by i	the -	corpora	ion's be	oard of	rectors.	hereby	accept t	he app⊙ii	ntment	as reg	jistered
	m familiar with, and ac	sept the obligation	ns of, Section 607.0505, F	icilda S	statutes.	•										j
SIGNATURE	Signature, typed or printed nar	e of registered agent	and title if applicable. (NC	TE: Regist	ered Agent	t sign	ature requ	red when i	reinstating)				DATE			
12.		OFFICERS AND		1	13.				ADDITIO	NS/CHAI	IGES TO	OFFIC	ERS # N	D DIR	ECTO	RS IN 12
TITLE	P		☐ DELETE	1.	.1 TITLE				·		-			☐ CI	nange	Addition
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STREET ADDRESS	AAA ALISE AARIM AT		13		13 STREET ADDRESS											
CITY-ST-ZIP	FT. LAUDERDALE	1.4			1,4 CITY-ST-ZIP											
TITLE	VPS					2.1 TITLE								C	nange	☐ Addition
NAME	WILHELM, SALLY		2.7		2.2 NAME											
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CITY-ST-ZIP				■ 6	4 CITY-S1	1-ZIP	1									

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 changes, or on an attact ment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)