SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

DOCUMENT # F15096

## **FILED** Oct 13 1998 8:00am Secretary of State

STEWAF	it's outdoor sports, in	C			
Principal Place of <b>Bus</b> iness Malling Address					i Aifit Aikte Bibli Aibit aibit ibbi
1 2		4 EGLIN PKWY S E FT WALTON BCH FL 32548	3	DO NOT IMPITE IN T	10 <b>6</b> 0 t oc
				DO NOT WRITE IN TH	IS SPACE
				01/16/1981	1
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2069517	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country	2ip 29	Country 30	This corporation owes or has paid the corporation owes.  Output  Description owes or has paid the corporation owes or has paid the corporation owes.	urrent year Intangible
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
	WART, THOMAS M		81 Name		
2221 MONAHAN CT			82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
FT. Y	WAL <b>TO</b> N BEACH FL 32547		63		
			83		
	:		84 City		85 Zip Code
44 D			a the shows named server	the above-named corporation submits this statement for the purpose of changing its registere	
l office or	regist <b>ere</b> d agent or both, in the State o	f Florida. Such channe was e	uthorized by the comoratio	ation submits this statement for the purpose of on's board of directors. I hereby accept the app	oi <b>ntrn</b> ent as registered
	am familiar with, and accept the obligati	ons of, section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typod or printed name of registered agent a	and title if applicable (NO	TE: Registered Agent signature requ	ried when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-S1-ZIP	FT WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE		[] DELETE	2.1 TITLE		L_ Change   Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE		
NAME !		L. J DELETE	3.2 NAME	8000026623	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	-10/13/9801010-	-048
CITY-ST-ZIP			3.4 CITY-ST-ZIP	***550.00	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		E J Dereie	4.2 NAME		- similar [ ] received
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[_] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Agalition
NAME			6.2 NAME		)'\!\.\.
STREET ADDRESS			6.3 STREET ADDRESS		40114
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1*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 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 address.