Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90266 033 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F59647

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

ATLANTIC SURFING MATERIALS, INC.

					_						
Principal Place	e of Business	Mail	ing Address					* *86*148 3144 E1718 (BILE EI15) (	, 1881 B1811 B		** ***** ***** ****
1825 SOUTH RIVERVIEW DRIVE 1825 SOUTH RIVERVIEW DRIVE							į				
MELBOURNE FL 32901 US MELBOURNE FL 329			BOURNE FL 32901					DO NOT WRITE IN THIS SPACE			
<b>-</b>							l l	te Incorporated or Qualife	d		
								2/28/1981			
2. Principal Pl	lace of Business	2a. I	Mailing Address				1	Number			Applied For
21		26					59	<u>3-2159689</u>			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Ce	rtifcate of Status Desired		•	Additional Required
22 City & State	<u> </u>	<del></del>	City & State		<u> </u>	<del>~ ,</del> .	6 Fle	ection Campaign Financing	·	~\$5°0	0 May Be
23	<b>,</b>	28	on, a <b>c</b>					ust Fund Contribution	<u> </u>		d to Fees
Zip	Country	7	Zip	Cou	intry		8. Thi	is corporation owes the cu	rrent year Int	angible	
24	25	29	_	30	_			rsonal Property Tax.		Yes	<b>X</b> No
	9. Name and Address of Curre	nt Registe	red Agent	,			10. Na	ime and Address of New	Registered	Age <u>nt</u>	
	TD0 1400YD 0				81	Name					.
KOSTRO, VICOTR S					82	Street Ac	dress (P.O. Box Number is Not Acceptable)				
1825 \$ RIVERVIEW DRIVE MELBOURNE FL 32901				83						<u> </u>	
1411-4-1	500.1112 1 2 02001				3						
					84	City			FI	<b>85</b> Zi	p Code
11 Durauant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Sta	tutes the a	hove	a-named co	ornoration su	bmits this statement for th	e purpose of	changing	its registered
office or re	egistered agent or both in the State	of Florida	. Such change was	s authorized	יעם נ	the corpora	ation's board	of directors. I hereby acc	ept the appoi	ntment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, S	Section 607.0505, I	-iorida Stat	utes.	•					
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if	prolicable /NC	TF: Registered	Agen	t signature regi	uired when reinsta	ating)	DATE		
12.	OFFICERS A			13.	Agon	i oignatoro roq		DITIONS/CHANGES TO O		ID DIREC	TORS IN 12
TITLE	PTD	TO BITTE	DELETE	1.1 TI	TLE					Chang	
NAME	HOUSTON, ROSS			1.2 N							
STREET ADDRESS	3063 RIO PALM NORTH			1.3 \$	TREET	ADDRESS					ļ
CITY-ST-ZIP	INDIALANTIC FL				TY-S1						j
TITLE	VSD		☐ DELETE	2.1 TI					_	Chang	e 🔲 Addition
NAME	HOUSTON, JEAN K.			2.2 N	AME	İ		•			
STREET ADDRESS	3063 RIO PALM NORTH					ADDRESS					
CITY-ST-ZIP	INDIALANTIC FL			4	ITY-S	<b>\</b>					Ì
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NAME			, -	3.2 N	AME	Ţ		•	•	•	.
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CITY-ST-ZIP					ITY-S	i					
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NAME				4. 2 N	AME						,
STREET ADDRESS				4.3 S	REET	r ADDRESS					İ
CITY-ST-ZIP				4.4 C	TY-\$1	T-ZIP					
TITLE			☐ DELETE	5.1 TI	TLE					Chang	je 🗌 Addition
NAME				5.2 N	AME						}
STREET ADDRESS				5.3 \$	TREET	T ADDRESS					
CITY-ST-ZIP				5.4 C	TY-S1	T-ZIP			_		
TITLE .	1		☐ DELETE	6.1 ₹1	TLE					Chang	je ☐ Addition
NAME				6.2 N	AME	1					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 eceiver 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 attactiment with an address, with all other like empowered.