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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F85290**

1. Corporation Name

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

MANDALAY SURF & SPORT, INC.

499 MANDALA' CLEARWATER US	· · · · · — ·	499 MANDALAY AVE. CLEARWATER BEACH FL 346: US	30		DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified 06/15/1982	CE	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	, · — , — — ,				59-2200592	Not Applicab	
		Suite, Apt. #, etc.			5. Certificate of Status Desired	. Certificate of Status Desired \$8.75 Additional Fee Required	
- City & Sta	te	City & State -	- :		1 - 11	5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangit	ole	
24	25	29 30	0		Personal Property Tax.		
	9. Name and Address of Curren	t Registered Agent	' .		10. Name and Address of New Registered Ager	ıt	
-			81	Name			
MCKENNA, RICHARD 499 MANDALAY AVE.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
CLEARWATER BEACH FL 34630			83				
			84 City 85 Zip Code				
	•		64	City	FL "	, Lip code	
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florid	a Statutes	the corpor	corporation submits this statement for the purpose of char ration's board of directors. I hereby accept the appointme	ging its registered	
40	Signature, typed or printed name of registered age	ID DIRECTORS	13.	nt signature re-	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12	
12.	PD	☐ DELETÉ	1.1 TITLE	Т		Change ☐ Addit	
NAME	MCKENNA, RICHARD		1.2 NAME			• –	
STREET ADDRESS	400 ASSAUDAL AV. AVE.		1	TADDRESS			
CITY-ST-ZIP	CLEARWATER BCH, FL 0		1.4 CITY-S				
TITLE	VD VD	☐ DELETE	2.1 TITLE	+		Change 🔲 Addit	
NAME	DILELLA, DIANE LYNNE		2.2 NAME	1			
STREET ADDRESS	ino seesamai ave aim		2.3 STREE	TADDRESS			
CITY-ST-ZIP	CLEARWATER BCH, FL 0		2. 4 CITY-5	ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE			Change ☐ Addit	
NAME	MCKENNA, LINDA D		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP	CLEARWATER BCH, FL 0		3.4. CITY-5	ST-ZIP		a = = = = =	
TITLE	" ",	☐ DEFELE	4.1 TITLE	1		Change	
NAME	1		4.2 NAME				
STREET ADDRESS	i ' ' '	.	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	,	`	4.4 CITY-S	T-ZIP			

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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

DELETE

SIGNATURE:

CR2E034 (11/98)

Change

Change

Addition

Addition

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 027 ***150.00