**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K15440

1. Corporation Name

HOT SHOT JUMPER, INC.

						ALDIE BIDEL OLDIE BI	ARI DIBII IBBI
Principal Place of Business Mailing Address							
% GAIL DARGAN % GAIL DARGAN							
2608 NE 30TH ST 2608 NE 30TH ST				DO NOT WRITE IN THIS SPACE			
FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		!
)					02/10/1988	<del></del>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21 26			65-0026316		Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Certifcate of Status Desired	\$8.75 A	ditional	
27			5. Certifcate of Status Desired	Fee Red	uired		
- City & State City & State			6. Election Campaign Financing	\$5.00	vav Be		
23 28				Trust Fund Contribution	Added to	- 1	
Zip			untry	8. This corporation owes the current year Intangible			
L	_ '	29 30			Personal Property Tax.		
24	25		30		10. Name and Address of New Registered	Agent	
Name and Address of Current Registered Agent				81 Name			
545	CAN CAU M			or Name			
DARGAN, GAIL M.			82 Street Address (P.O. Box Number is Not Acceptable)				
2608 NE 30TH ST							
FT LAUDERDALE FL 33306			83				
1						85 Zip C	-de
<u> </u>	•			84 City	F!		000
dd Durayant	to the provining of Sections 607	0502 and 607 1508 Florida 9	tatutes the	hove-named corp	poration submits this statement for the purpose of	of changing its	egistered
l office or r	registered agent, or both, in the St	tate of Florida. Such change v	ras authorize	d by the corporation	on's board of directors. I hereby accept the appe	ointment as reg	istered
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.0505	i, Florida Sta	lutes.			
SIGNATURE							
	Signature, typed or printed name of registered		(NOTE: Registere	d Agent signature require		<del></del>	
12.	OFFICERS	S AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE	PTD	☐ DELET	E 1.1 T	mle		Change	L Addition
NAME	DARGAN, DAVID J. 1.2N		IAME	•			
STREET ADDRESS			1.3 9	TREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.40	ITY-ST-ZIP			
TITLE	<del></del>	☐ DELE		TILE		☐ Change	Addition
	VOU		IAME			ļ	
NAME	DARGAN, GAIL M.						
STREET ADDRESS				TREET ADDRESS			ì
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-ST-ZIP		Chanca	Addition
TITLE		☐ DELE	TE 3.17	ITLE		☐ Change	
NAME	1		3.2 M	AME	<b>.</b>		İ
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CITY-ST-ZIP			0.5 0	I REE! ADDRESS }			
TITLE				i			
	-	DELE:	3.4.	OTTY-ST-ZIP		☐ Change	Addition
NAME		DELE:	3.4.1 TE 4.11	OTTY-ST-ZIP		Change	Addition
NAME		□ DELE:	3.4.1 TE 4.1 T 4. 2	OTTY-ST-ZIP  ITLE  NAME		Change	☐ Addition
STREET ADDRESS		□ DELE:	3.4.1 TE 4.1 T 4.2 4.3 \$	CITY-ST-ZIP  ITLE  NAME STREET ADDRESS		☐ Change	Addition
STREET ADDRESS			34.1 E 4.11 4.2 4.3 \$	CITY-ST-ZIP  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			,
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STREET ADDRESS			34.11 4.2 4.35 4.40 FE 5.11 5.21	CITY-ST-ZIP ITLE NAME STREET ADDRESS SITY-ST-ZIP TILE NAME			,
STREET ADDRESS CITY-ST-ZIP			34.11 4.2 4.35 4.40 FE 5.11 5.21	CITY-ST-ZIP ITLE NAME STREET ADDRESS SITY-ST-ZIP ITLE	•		,
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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 received or trystee employeed 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 adverse, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90029 012 \*\*\*150.00