**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L07142

1. Corporation Name

RICK-A-ROO'S SURF SHOP, INC.

## Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90159 008 \*\*\*150.00



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Principal Place of Business Mailing Address						1 (201(3-)) 01( 001(1) ) 010		10,11 21217 27271	
5632 INTERNATIONAL DR. 5632 INTERNATIONAL DR.						Į.			
ORLANDO FL 32819 ORLANDO FL 32819				DO NOT WRITE IN 1			E IN THIS	THIS SDACE	
						3. Date Incorporated or Qualifed		- NOL	
						08/04/1989			į
Principal Place of Business     2a. Mailing Address						4. FEI Number		A	pplied For
<del>-</del>	ace of Business	<del> </del>	<del>-</del>			59-2963182		<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.						Additional
22	#, B.C.	27	7			5. Certifcate of Status Desired		. ⊸.·Fee R	
City & State	e		City & State			6. Election Campaign Financing		\$5.00	May Be
23	-	28	28			Trust Fund Contribution			to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		X Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	egistered	Agent	
				81	Name				ĺ
RAYMOND, RICKY				82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
5632 INTERNATIONAL DR.									
ORLANDO FL 32819				83					
				84	City			85 Zip	Code
				į į	•		FL	.	]
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was at	JIDOUZEC	i hv tr	ne corporation	oration submits this statement for the n's board of directors. I hereby accep	it the appoi	ntment as re	egistered
31011/101/10	Signature, typed or printed name of registered ag			Agent s	ignature required		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	ORS IN 12  Addition
TITLE	PTD	☐ DELETE	1.1 TITLE		ļ			[] Change	L Addition
NAME	RAYMOND, RICKY		12 NAME						{
STREET ADDRESS	727 RIVERBEND BLVD	70744	, 13 \$1	REETA	DDRESS				ł
CITY-ST-ZIP	LONGWOOD FL	32779	_	TY-\$T-2	ZIP			ClChange	Addition
TITLE	VP	☐ DELETE	2.1 Ti	ΠE				Change	☐ Addigon
NAME	RAYMOND, LAURA		2.2 N	ME					
STREET ADDRESS	727 RIVERBEND BLVD	20479			DDRESS				į
CITY-ST-ZIP	LONGWOOD FL	32779	_	ity-ST-	ZIP				[ ] Addition
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NAME			3.2 N		Į				Į
STREET ADDRESS			3.3 ST	TREET A	DDRESS				
CITY-ST-ZIP				ITY-5T-	ZIP				Addition
TITLE		☐ DELETE	4.1 TT					Change	LI Addition [
NAME			4 2 N	AME					ļ
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CITY-ST-ZIP			TY-ST-	ZIP			T Chan		
TITLE		☐ DELETE	5.1 TI					Change	Addition
NAME			5.2 N/						ļ
STREET ADDRESS					DDRESS				ŀ
CITY-ST-ZIP				TY-ST-	ZIP			<del></del>	
TITLE		☐ DELETE	6.1 TI					☐ Change	☐ Addition
NAME			62 N						ĺ
	1		63.51	REET A	DDRESS				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 changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

PED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

MARCH 16, 1999