

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 # **L35786**

1. Corporation Name

MANATEE SPORTS UNLIMITED, INC.

46590

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90085 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1989

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0228085	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29	Country 30		

9. Name and Address of Current Registered Agent

**CABUSH, HOMER G.
5306 CORTEZ RD W
SUITE 2
BRADENTON FL 34210**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SLOCUM, JOHN C.	1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6907 11TH AVENUE NW	CITY-ST-ZIP BRADENTON FL 34209	1.3 STREET ADDRESS <input type="checkbox"/>	1.4 CITY-ST-ZIP <input type="checkbox"/>
TITLE V	NAME SLOCUM, JOHN C.	2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5400 26 STREET W #K168	CITY-ST-ZIP BRADENTON FL	2.3 STREET ADDRESS <input type="checkbox"/>	2.4 CITY-ST-ZIP SLOCUM, JOHN C. JR 1022 12 Av. W PALM BEACH, FL 34221
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/>	CITY-ST-ZIP <input type="checkbox"/>	3.3 STREET ADDRESS <input type="checkbox"/>	3.4. CITY-ST-ZIP <input type="checkbox"/>
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/>	CITY-ST-ZIP <input type="checkbox"/>	4.3 STREET ADDRESS <input type="checkbox"/>	4.4 CITY-ST-ZIP <input type="checkbox"/>
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/>	CITY-ST-ZIP <input type="checkbox"/>	5.3 STREET ADDRESS <input type="checkbox"/>	5.4 CITY-ST-ZIP <input type="checkbox"/>
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/>	CITY-ST-ZIP <input type="checkbox"/>	6.3 STREET ADDRESS <input type="checkbox"/>	6.4 CITY-ST-ZIP <input type="checkbox"/>

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.

CR2E034 (11/98)

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4-16-99 941-706-6353