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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

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L92459

(1)

STORM'S PRO SHOP INC


**FILED** 

Feb 19 1998 8:00am

Secretary of State

01011		i i iiio,											
Principal Place	ce of Business		Mailing	Address						II OHOOL OIIIE I	III ALĞII BAH		IBHI BIBHE IBDI
•			Mailing Address			-							
S325 S. UNII DAVIE FL 33				s. University di Gel 33328	₹.								
DAVIE IC 00	, OLU		DAVIE FL 33328				DO	NOT WRITE	E IN THIS	SPACE			
								3.	. Date Incorporated o	r Qualified			<del></del>
									08/10/1990				
2. Principal f	Place of Business		2a. Mailing Address			4.	FEI Number				Applied For		
21			26			- 1	65-0215014				Vot Applicable		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				Certificate of Status	Desired		\$8.75	Additional		
22			27			_   6.	Certificate of Status	Desiled		Fee	Required		
City & Sta	te		City & State			6.	Election Campaign	Financing		\$5.0	May Be		
23			28				Trust Fund Contribu	tion			d to Fees		
Zip		ountry	Zip		c	untry	,	8.	This corporation ow	es or has p	aid the cu	rrent year	ntangible
24	25		29		30				Personal Property T	ax due June	e 30.	Yes	☐ No
	9. Name and	Address of Current	Registere	d Agent		$oldsymbol{\perp}$		10.	, Name and Address	of New R	egistered	Agent	
DE	EVINCENT, STOR	MT				81	Name						
17	50 NW 3 TERRA	CE 207-C				82	Street A	ddress (F	P.O. Box Number is N	ot Accenta	hle)		
Fĭ	. LAUDERDALE F	L 33311					OHOOKIN	1) 880 120	.o. pox rumbo is n	ot Accepta	J.O,		
		- •••				83							
									<del></del>				
						84	City				FL	85 Zi	Code
11, Pursuant	to the provisions o	Sections 607.0502	and 607.1	508, Florida Statu	ites, the	above	e-named c	orporatio	on submits this statem	ent for the		f changing	its registered
office or	registered agent, o	r both, in the State o	f Florida. S	Such change was	authoriz	ed by	the corpo	ration's t	on submits this statem board of directors. I h	ereby acce	pt the app	pointment i	is registered
	anti tatibilat with, and	u accept the boligati	ions or, ac	Clion 607,0303, F	iona si	atutes	o.						ĺ
SIGNATURE	Signature typed or printe	ed name of registered agent	and title if app	icable. (NC	TE: Registe	ed Age	nt signature re	quired wher	n reinstating)		DATE		
12.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTO	RS .	13				ADDITIONS/CHANGE	S TO OFFI	CERS AN	DIRECTO	DRS IN 12
TITLE	SVTD			DELETE	1.1	TITLE						Change	Addition
NAME	DEVINCENT, STORM				1.2	NAME							
STREET ADDRESS 1750 NW 3 TERRACE		ERRACE			1.3	1.3 STREET A							
CITY-ST-ZIP	FT. LAUDERD	ALE FL 33311				CITY-S	1						
TITLE	<del> </del>			DELETE		TITLE		_	· <del></del> -			Change	Addition
NAME					22	NAME						•	
STREET ADDRESS					ı	_	ADDRESS			7.	ι		
CITY-ST-ZIP						CITY-S	· 1						1
TITLE				DELETE	_	TITLE	31-211					Change	Addition
NAME					•	NAME	1						
STREET ADDRESS							ADDRESS						
CITY-ST-2IP						CITY-S							
TITLE	<del> </del>			DELETE		TITLE	SI-ZIF					Change	Addition
				- DECE-12		NAME						C. Ontange	Podition
NAME DIRECT ADDRESS					4. 2	INNINE							
STREET ADDRESS					4.0	**10**	1000000	<del></del> -					
CITY ST ZIP							ADDRESS	<u></u>					
TITLE				DEI ETE	4.4	CITY-S						Change	Addition
NAME				DELETE	4.4 5.1	CITY-S				·		Change	☐ Addition
				DELETE	5.1 5.21	CITY-S TITLE NAME	T - ZIP					Change	Addition
STREET ADDRESS				DELETE	4.4 5.1 5.2 5.3	CITY-S TITLE NAME STREET	T-ZIP ADDRESS					Change	☐ Addition
CITY-ST-ZIP					5.1 5.2 5.3 5.4	CHY-S TITLE NAME STREET CHY-S	T-ZIP ADDRESS						
CITY-ST-ZIP TITLE	<b>A</b>			DELETE	4.4 5.1 5.2 5.3 5.4 6.1	CITY-S' TITLE NAME STREET CITY-S'	T-ZIP ADDRESS					☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME	Ay .	*			4.4 5.1 5.2 5.3 5.4 6.1	CHY-S TITLE NAME STREET CHY-S	T-ZIP ADDRESS						
CITY-ST-ZIP TITLE					4.4 5.1 5.2 5.3 5.4 6.1	CITY-S' TITLE NAME STREET CITY-S' TITLE NAME	T-ZIP ADDRESS						

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.

SIGNATURE: X

× 2-10-98

x 954-434-8585