SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DIE ON OR DEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9300005228 (2)

TAMPA BAY SNOW SKIERS, INC.							
Principal Place of Business Mailing Address					- O SOBANDI BIE IDIOD IKIN DOM BUKI ODIN D	nili ja jai aliin ilein libat felt 1801	
208 S. MACDILL AVE. PO BOX 2438 STE B					3. Date Incorporated or Qualified		
TAMPA FL 33609 TAMPA FL 33601					11/11/1993 4. FEI Number		
US					NOT APPLICABLE	Applied For Not Applicable	
Principal Place of Business 1		2a. Malling Address	2a. Malling Address		5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.			Sulte, Apt. #, etc.		Election Campaign Financing	Fee Required \$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeov			
23		28 Country		Yes	s No		
Zip	Country	Zip	Country 30	,	8. This corporation owes or has paid the	current year Intangible	
24]	9. Name and Address of C	urrent Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registe		
	or mains and mariables of a		81	Name			
SINGLETON, MARCY R CPA			82	C41 A dd	t Address (P.O. Box Number is Not Acceptable)		
208 S. MACDILL AVE.			02	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE. B			83				
TAMPA FL 33809			84	City		85 Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above				amed corporati	ion submits this statement for the purpose of	changing its registered	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE		brigations of addition of 1.0000, 4 for	ou opinios.				
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NO	TE: Registered A	gent signature requir	red when reinstating) DA1	TE	
12.	- 	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	្ត្រា	D , L L	Change Addition	
	1.4.50.00.00.00.00.00.00.00.00.00.00.00.00.				るはれる レカンオーンカ	Change C Addition	
NAME	LINGLE, SHAWN		1.2 NAME	1211	etty hitovetich	•	
STREET ADDRESS	\$ 404 S. ALBANY AVENUE		1.3 STREET	TADDRESS 211	16 Parpon Landing	•	
STREET ADDRESS CITY-ST-ZIP	404 S. ALBANY AVENUE TAMPA FL 33606		1.3 STREET 1.4 CITY-ST	TADDRESS 211	etty to toretich 16 tarpon landing 17 on Spring FL B	12/4/89	
STREET ADORESS CITY-ST-ZIP TITLE	\$ 404 S. ALBANY AVENUE TAMPA FL 33606 VD	DELETE	1.3 STREET 1.4 CITY-S' 2.1 TITLE	TADDRESS 211	16 Parpon landing ron spring FL B	•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$ 404 S. ALBANY AVENUE TAMPA FL 33606 VD BROWN, HARRY	DELETE	1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	TADDRESS 211 TAIP TA	16 Parpon Landing	12/4/89	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$ 404 S. ALBANY AVENUE TAMPA FL 33606 VD BROWN, HARRY \$ 4021 PRIORY CR.	DELETE	1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	TADDRESS 211 T.ZIP PL TADDRESS	16 Parpon landing ron spring FL B	12/4/89	
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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 ennuel report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if cylanged, or on an attachment with an address.

FILED

Aug 13 1998 8:00am

Secretary of State