


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005228 ✓					
1. Corporation Name TAMPA BAY SNOW SKIERS, INC.					
Principal Place of Business 208 S. MACDILL AVE. STE. B TAMPA FL 33609			Mailing Address PO BOX 2438 STE. 205 TAMPA FL 33601 US		



2. Principal Place of Business 21 7015 ARMENIA AVE N. Suite, Apt. #, etc. 22 City & State 23 TAMPA FLORIDA Zip 24 33604 Country 25 USA		2a. Mailing Address 26 P.O. Box 25144 Suite, Apt. #, etc. 27 City & State 28 TAMPA FLORIDA Zip 29 33622-5144 30 USA		3. Date Incorporated or Qualified 11/11/1993	
				4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SINGLETON, MARCY R CPA 208 S. MACDILL AVE. STE. B TAMPA FL 33609				10. Name and Address of New Registered Agent 81 Name BAY AREA ACCOUNTING- Phillip Reid CPA 82 Street Address (P.O. Box Number is Not Acceptable) 7015 ARMENIA AVE N. 83 84 City TAMPA FL 85 Zip Code 33604	

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  **PHILIP A. REID, CPA** 9/8/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORETICH, BETTY			1.2 NAME			
STREET ADDRESS	2116 TARPON LANDING DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, HARRY			2.2 NAME			
STREET ADDRESS	4021 PRIORY CR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, BARBARA			3.2 NAME			
STREET ADDRESS	4009 PRIORY CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	DON HATTO		
STREET ADDRESS				4.3 STREET ADDRESS	4427 E. KEYSVILLE RD		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	LITHIA FL 33547		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	GREG KOBIN		
STREET ADDRESS				5.3 STREET ADDRESS	1435 MILLSTREAM LANE #205		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DUNEDIN FL 34698		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	GAIL ENLOW		
STREET ADDRESS				6.3 STREET ADDRESS	8324 PARKWOOD BLVD		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	JENNIFER FL 33177		

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 617, 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.

SIGNATURE:  **Barbara A. Reid, Treasurer** 9-1-99 (813) 961-0687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)