1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004876

Corporation Name

MANASOTA HURRICANES WHEELCHAIR SPORTS INC.

Principal Place of Business 2160 CAMBRIDGE DR VENICE FL 34293

2. Principal Place of Business

Mailing Address

2160 CAMBRIDGE DR VENICE FL 34293

2a. Mailing Address

FILED May 17, 1999 8:00 am § Secretary of State

05-17-1999 90038 018 ****69.97

64.

3. Date Incorporated or Qualifed



Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Suite, Apt. #, etc.	21		26			10/03/1994			
City & State 28 City & State 29 Country 20 20 20 20 20 20 20 20 20 20		#, etc.	Suite, Apt. #, etc.					App	lied For
City & States Zip	22		27			65-0602556		Not	Applicable
Zip	City & State	е	_			5. Certificate of Status Desired	×		
Part		Country		Count	y	6:- Election Campaign Financing		-\$5:00-1	May Be
MONTGOMERY, RICHARD L 2160 CAMBRIDGE DR VENICE FL 34293 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 agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered original and accept the displacation of Socion of 17,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the above-named corporation submits this statement for the purpose of changing its registered agent and the above-named corporation submits this statement for the purpose of changing its registered agent and the purpose	<u> </u>		29	30		Trust Fund Contribution	Ш	Added to	Fees
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2160 CAMBRIDGE DR VENICE FL 34293 84 City FL 85 Zip Code 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 agent. I am familiar with, and accept the origination of Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the originations of Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the originations of Replaced Payer and accept the Origina	· · · · ·			8	1 Name				
2160 CAMBRIDGE DR VENICE FL 34293 84 City FL 85 Zip Code 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 agent. I am familiar with, and accept the origination of Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the originations of Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the originations of Replaced Payer and accept the Origina	MONITO ONEDY DICUADO I				2 Charat Adda	and (D.O. Boy Number in Not Assesse	hla)		
VENICE FL 34293 Sa					2 Street Addr	ess (P.O. Box Number is Not Accepta	ibi e j		
### City ###					3				
1. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 1 D	VENIUE FL 34293							1	
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, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent age				8	4 City		FI	85 Zip C	ode
office or registered agent, or both, in the State of Findra. Such change was authorized by the corporation's poard of directors. Thereby accept the applications of Section 617-0503, Prioridal Statuties. Signature Sign	14 Duray	to the provisions of Sections 647 0500 a	and 617 1508 Florida State	itas the sho	ve-named com	oration submits this statement for the	DUITDOSA O	- f changing its r	egistered
SIGNATURE Signature, typed or protect name of registered spent and title if applicable. (NOTE Registered Agent algebraic required when reletatating) DATE	office or n	registered agent, or both, in the State of	Florida. Such change was	authorized b	y tne corporatio	on's board of directors. I hereby accep	the appo	intment as reg	istered
Signature, Speed or proted name of registered agent and title of application. (NOTE-Registered Agent signature) expensive when relatation OATE NAME	agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Fi	lorida Statute	es.				
12.	SIGNATURE						DATE		
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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 eath; 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:

SIGNATURE PEQUIDED AWKINS - PRESIDET, 4-599Description of Description Descri

R2E037 (11/98)