

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000001811 (8)

1. Corporation Name

SURF UNLIMITED, INC.



Principal Place of Business

2012 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

Mailing Address

2012 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

2. Principal Place of Business

21 118 N. BEACH ST.

Suite, Apt. #, etc.

22 2ND FLOOR

City & State

23 DAYTONA BCH, FL

Zip

24 32114

Country

25 VOLUSIA

2a. Mailing Address

26 118 N. BEACH ST.

Suite, Apt. #, etc.

27 2ND FLOOR

City & State

28 DAYTONA BCH, FL

Zip

29 32114

Country

30 VOLUSIA

3. Date Incorporated or Qualified

10/28/1992

3a. Date of Last Report

06/13/1995

4. FEI Number

59-3147230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AGHAVIAN, EBRAHIM
2012 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

118 N. BEACH ST.
2ND FLOOR
DAYTONA BCH, FL
32114

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 director, if any

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME AGHAVIAN, EBRAHIM
STREET ADDRESS 1645 DUNLAWTON AVE., #824
CITY-ST-ZIP PORT ORANGE FL

TITLE P ☐ DELETE
NAME AGHAVIAN, DANIEL
STREET ADDRESS 1645 DUNLAWTON AVE., #824
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 EBRAHIM AGHAVIAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904-238-0105
Date Daytime Phone #

CR2E034 (12/95)