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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022779 (1)

WINDSURFING TREASURE COAST, INC.

## **FILED** Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					,	***************************************
2659 N.E. DIXIE HIGHWAY 2659 N.E. DIXIE HIGHWAY						
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957			957		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/24/1993	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0407277	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip			8. This corporation owes or has paid the	
24	25 29 30		30	Personal Property Tax due June 30. Yes X No		
+ 200	9. Name and Address of Curre	nt Hegistered Agent		1 Name	10. Name and Address of New Register	ea Agent
KERPCHAR, GLEN				Name		
	59 N.E. DIXIE HIGHWAY NSEN BEACH FL 34957		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
) JEI	ADEM DEMON FL 34937		1	33		
			1	4 City		85 Zip Code
44.5		00 4 007 4500 Finish Cha			-	<del>-</del>
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.						
agent. I am familiar with, and accept the obligations of, Seotion 607.0505, Florida Statutes.  SIGNATURE PRES.   V. PRES.   1/23/98						
SIGNATURE Signature typed or printed name of registered agent and title it applicable. (NOTE: Reg				KERPCH	IAR PICES./V. PRES.	1/23/78
12.		ND DIRECTORS	13.	-gent signatore requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1,1 TITL	E T	7.557.757.777.77	Change Addition
NAME	KERPCHAR, GLEN		1,2 NAN	ie		
STREET ADDRESS	DOOR ALE DOLLYOPEEK DOUT		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL			-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITL			Change Addition
NAME	KERPCHAR, JOSEPH P		2 2 NAN	IE .		
STREET ADDRESS	10410 S. OCEAN DRIVE, SU	ITE 501	2.3 STR	ET ADDRESS		Ì
CITY-ST-ZIP	JENSEN BEACH FL		2, 4 CIT	r-ST-ZIP		
TITLE		☐ DELETE	3.1 TITL	E		Change Addition
NAME			3.2 NAN	E		
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP		
TITLE		DELETE	4.1 TiTL	E		Change Addition
NAME			4. 2 NA	Æ .		
STREET ADDRESS			4.3 STR	EET ADDRESS		}
CiTY-ST-ZiP			4.4 CIT	-ST-ZIP		
TITLE		☐ DELETE	5.1 T(YL	2		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5,4 CITY	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STR	ET ADDRESS		
			CACIT	-ST-ZIP		

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.