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Secretary of State

03-09-1999 90038 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000045506 1. Corporation Name BULLSEYE INDOOR PAINTBALL COURT, INC.					
Principal Place of Business 3737 SE JENINGS ROAD PORT ST. LUCIE FL 34952 US			Mailing Address 2029 NE GINGER TERRACE JENSEN BEACH FL 34957		
2. Principal Place of Business 21 10411 SE LENNARD RD Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/22/1993	
23 Port St Lucie FL City & State 24 34952 Zip		27 City & State 28 Zip		4. FEI Number 65-0422671 <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
25 Country		29 Country		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 DURANTE, SUSAN 2029 NE GINGER TERRACE JENSEN BEACH FL 34957		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		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE President <input type="checkbox"/> DELETE NAME DURANTE, SUSAN STREET ADDRESS 2029 NE GINGER TERRACE CITY-ST-ZIP JENSEN BEACH FL 34957			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME JAMES DURANTE JR 1.3 STREET ADDRESS 2029 NE GINGER TERRACE 1.4 CITY-ST-ZIP JENSEN BEACH FL 34957		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE V. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DAT BILAN 2.3 STREET ADDRESS 2295 Edison Circle 2.4 CITY-ST-ZIP Port St Lucie FL 34953		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

Date

Daytime Phone #

CR2E034 (11/98)