


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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90120 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000047285**

1. Corporation Name  
**FINTASTIC SURF & SPORT, INC.**

Principal Place of Business <b>417 SOUTH SEMORAN BLVD. WINTER PARK FL 32792 US</b>	Mailing Address <b>417 SOUTH SEMORAN BLVD. WINTER PARK FL 32792 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1993</b>		4. FEI Number <b>59-3188697</b>		Applied For <input type="checkbox"/> 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		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent <b>WYATT, DONNA C 1961 COVE COLONY RD MAITLAND FL 32751</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOYT, ANDREW W.</b>	1.2 NAME	<b>HOYT, ANDREW W</b>
STREET ADDRESS	<b>2243 CHURCHILL DOWNS CIRCLE</b>	1.3 STREET ADDRESS	<b>2243 Kimberwicke Cir</b>
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32765</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYATT, DONNA C</b>	2.2 NAME	
STREET ADDRESS	<b>1961 COVE COLONY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, DARYL G</b>	3.2 NAME	
STREET ADDRESS	<b>1961 COVE COLONY RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**

Date

Daytime Phone #

3/16/99

407 671 0633

CR2E034 (1/98)