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Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90120 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047285

1. Corporation Name

CITY-\$T-ZIP

FINTASTIC SURF & SPORT, INC.

Principal Place	of Business	Mailing Address			1 "				
417 SOUTH SEM	IORAN BLVD.	417 SOUTH SEMORAN BLVD.							
WINTER PARK FL 32792		WINTER PARK FL 32792				DO NOT WRITE IN THIS SPACE			
US		US			2 Date In	corporated or Qualifed		017102	
					06/28]
- Driver at All	nes of Business	2a, Mailing Address			4. FEI Nu				plied For
2. Principal Place of Business		26				88697			t Applicable
21 Suite, Apt. #	H oto	Suite, Apt. #, etc.						\$8.75	
—	y , etc.	27			5. Certifor	ate of Status Desired		Fee Re	
22 City & State		City & State			e Electio	n Campaign Financing		\$5.00	May Re
	•	28			1	und Contribution		Added t	
23	Country	Zip	Country			rporation owes the cur	rent vear Int	angible	
	25	29 30	¬ '			al Property Tax.	, ,	☐Yes	□No
24	9. Name and Address of Current		<u> </u>			and Address of New	Registered	Agent	
···	5. Harris dild 1 tad 000 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81	Name					
WYAT	IT, DONNA C				(5.6.5)	N	teblo\		
1961 COVE COLONY RD			82	Street	Address (P.O. Box	Number is Not Accep	(aoie)		{
	LAND FL 32751		83						
*******			[<u> </u>			<u> </u>		
			84	City			FI	85 Zip 6	Code
A4 Diversional 4	to the provisions of Sections 607.0502	and 607 1508 Elorida Statutos	the above	e-named	corporation submit	s this statement for the	purpose of	changing its	registered
office or re	agistered agent of both in the State O	t Florida. Such change was autr	norizeu ov	the corpo	oration's board of	lirectors. I hereby acce	pt the appoi	ntment as re	gistered
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	i.					
									I
SIGNATURE	Ou and a selection of	and title if applicable (NOTE: R	onietered Anei	ot signature r	required when reinstating)		DATE .		
	Signature, typed or printed name of registered agent			nt signature /	required when reinstating)	ONS/CHANGES TO O	DATE,	ND DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature r	ADDITIO	DNS/CHANGES TO O		ND DIRECTO	DRS IN 12 ☐ Addition
12.	OFFICERS AND		13. 1.1 TITLE		ADDITION TO A NO.	DREW W	FFICERS AN		
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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.

6.4 CITY-ST-ZIP

SIGNATURE: