Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90015 017 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400005299**

1. Corporation Name

FLYING SIDE-KICK, INC.

Principal Place of Business		Mailing Address						19110 1011 1001
13145 LAKE MARY JANE RD.		C/O THOMAS.CAROLYN J						
ORLANDO FL 32832		PO BOX 150487			DO NOT WRITE IN THIS SPACE			
	- / -	ALTAMONTE SPRINGS F US	-L 32/15			3. Date Incorporated or Qualified	THIS STAGE	
		00				01/24/1994		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3304617	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75	\dditional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current ye		- 7
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		31 Nan		10. Name and Address of New Regist	ereo Agent	
MA71	e, terry s			Naii	ie.			
	5 LAKE MARY JANE RD.		ξ	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	ANDO FL 32832		<u>_</u>	13				
			8	34 City			FL 85 Zip C	Code
44 Durayant	to the provisions of Sections 607.05	in2 and 607 1508. Florida Sta	itutes the abo	ve-nam	ed corpo	ration submits this statement for the purpo	se of changing its	registered
office or r	egistered agent, or both, in the State	e of Florida. Such change wa	s authorized t	ογ the co	rporation	n's board of directors. I hereby accept the	appointment as re-	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statut	es.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered A	gent signatu	re required	when reinstating) DA	ATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITL	E			☐ Change	☐ Addition
NAME	MAZE, TERRY S		1.2 NAM	E				
STREET ADDRESS	13145 LAKE MARY JANE RD.		1.3 STR	EET ADDRE	I			
CITY-ST-ZIP	ORLANDO FL 32832				>>			
TITLE			1.4 CITY	-ST-ZIP	55			
NAME		☐ DELETE	2.1 TITU	-ST-ZIP	35		Change	Addition
STREET ADDRESS		☐ DELETE		-ST-ZIP	>>		☐ Change	Addition
		☐ DELETE	2.1 TITU 2.2 NAM	-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP			2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITO	-ST-ZIP E E EET ADDRE (-ST-ZIP				
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			2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITO	-ST-ZIP E E EET ADDRE Y-ST-ZIP				
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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-55 467 330-1737

CR2E034 (11/98)