SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT **CORPORATION ANNUAL REPORT**

1998

Sulte, Apt. #, etc.

PENNA. JOSPEH A 7200 S.W. 117TH AVENUE

MIAMI FL 33183



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000027392 (7)

SHARPSHOOTERS ON THE BEACH, INC.

Principal Place of Business Mailing Address 17100 COLLINS AVE. 17100 COLLINS AVE. N. MIAMI BEACH FL 83160 N. MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 21 26

5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Suite, Apt. #, etc.

83 84 City Zip Code

81 Name

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 agen. am familiar with and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE iguard, typed or winted name of registered agent and tille if applica-(NOTE: Registered Agent signature required when reinstating) DATE (2/98)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition DELETE PENNA, JOSEPH A NAME 12 NAME 7200 S.W. 117TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAM FL 33183 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE __ Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE 3.1 TITLE __ DELETE ___ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition 8.2 NAME NAME STREET ADORESS 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 em 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.

Unux

FILED

Aug 05 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

CR2E034

DO NOT WRITE IN THIS SPACE

04/11/1994

65-0482986

Street Address (P.O. Box Number is Not Acceptable)