

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 03, 1999 8:00 am  
Secretary of State

09-03-1999 90001 013 \*\*\*550.00

DOCUMENT # P94000029013

1. Corporation Name  
KOPACK OUTDOORS, INC.

Principal Place of Business

WESTPORT DRIVE  
FL 32750

Mailing Address

527 WESTPORT DRIVE  
LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

309 Balogh PL.  
Suite, Apt. #, etc.

2a. Mailing Address

26 309 Balogh PL.  
Suite, Apt. #, etc.

City & State

Longwood FL

City & State

28 Longwood FL

Zip Country  
32750

29 32750 30

3. Date Incorporated or Qualified

04/15/1994

4. FEI Number

59-3235387

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes No

9. Name and Address of Current Registered Agent

KOPACK, JOHN S  
527 WESTPORT DRIVE  
LONGWOOD FL 32750

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

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

TITLE D KOPACK, JOHN S

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
527 WESTPORT DRIVE  
LONGWOOD FL 32750

DELETE

TITLE D KOPACK, Nanci M

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
527 WESTPORT DRIVE  
LONGWOOD FL 32750

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

309 Balogh PL.  
Longwood FL 32750

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

309 Balogh PL.  
Longwood FL 32750

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE: *John S. Kopack (Pres.)* 8/29/99 407 331-9353

CR2E034 (5/99)