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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400032167 (6)

ASTRO JUMP OF SOUTH FLORIDA, INC.

5301 NW 15TH STREET D24		5301 NW 15TH STREET D24			
MARGATE FL 3	5063	MARGATE FL 33063-377	1	3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 03/29/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0492976	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		S. Communic or otalics position	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes : No
2-7	9. Name and Address of Currer		30	10. Name and Address of New Reg	
NAT	TER, JEFF		81 Name		
	LAKESIDE DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptab	(a) 1
#61			3640		^(e) ≠ 609.
MAR	IGATE FL 33063		83		· · . · . · · · · · · · · · · · · ·
I			84 City A	······	les I Zin Codo
			([r])	eal Speries	FL 85 Zp Code 1
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Sta	tutes, the above-named corp	coration submits this statement for the p	urpose of changing its registered
agent. La	registered agent, or bolli, in the stare ini familiarwith, and accept his oblig	e of Florida. Such change wa reach s of, Section 607.05 05,	is authorized by the corporat Florida Statutes.	coration submits this statement for the pition's board of directors. I hereby accept	it the appointment as registered
SIGNATURE		6			
		~~~~	IO1E: Registered Agent signature requir		DATE
<b>12.</b> TOLE	OFFICERS AN	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	NATTER, JEFF C.	L OCCUL		Tage	Change Modillori
STREET ADDRESS	5720 LAKESIDE DRIVE #617			atter, Jeff C.	29
CITY - ST - ZIP	MARGATE FL 33063		A T	10 1-1-1 1 10 -1-	33067
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-Z'P			2.4 CITY-S1-ZIP "		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-SY-ZIP		
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		[ Ethere	4.4 CITY - ST - ZIP		T A
THLE		L UFLETE	5.1 THTLE		L Change L Addition
NAME			5.2 NAME		
STREET AUDRESS			5.3 STREET ADDRESS		
CHTV+ST+ZI= THTLE	A SAN AND AND AND AND AND AND AND AND AND A	DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE		Change Addition
NAME		E pricit	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	•	
<b>14.</b> 1 do herel	L	ed with this filling does not au	alify for the exemption stated	d in Section 119 07(3)(i), Florida Statutes	s. I further certify that the
informatic Lam an o appears i	in indicated on this armual report or s fficer or director of the corporation of in Block 12 or Block 13 if charliger, o	supplemental innual report in the receiver or trustee emp or on an abus invent with an a	s true and accurate and that owered to execute this report address.	t my signature shall have the same legal rt as required by Chapter 607, Florida S	effect as if made under oath; that tatutes; and that my name

IGNING OFFICER OR DIRECTOR