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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400058547

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

	SURF SHOP, INC.										
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								Date Incorporated or Qualit	ed		
								08/03/1994			F. 15
2. Principal F	Place of Business		Mailing Address					FEI Number		 	oplied For
21		26					 	59-3261499			ot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. (Certifcate of Status Desired		.	Additional equired
22		27	C t I Ct-t-				 				
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23	Country	28	Zıp	Cour	itor		-	Trust Fund Contribution			torees
Zip ├──	Country		Zip		,			This corporation owes the operation owes the operation of the contract of the	urent year n	Yes	□No
24	25 9. Name and Address of Curr	29	torod Acont	30				Name and Address of Ne	w Registered		
	9. Name and Address of Curr	ent Regis	rered Agent		81 Nar	ne	10.	100000000000000000000000000000000000000	•,,	<u> </u>	
HAF	RRIS, JOHN M ESQ.									<u> </u>	
	PALM AVENUE				82 Stre	et Addr	ess (P.	O. Box Number is Not Acce	eptable)		
l	JSVILLE FL 32781-0699				83		· · ·				
	337,222 7 2 32 37 3337			ļ							
				ĺ	84 City				F	85 Zip	Code
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office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florid	ta. Such change was :	authorized	by the co	orporatio	on's boa	ard of directors. I hereby ac	ccept the app	ointment as re	egistered
SIGNATURE	•										
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12.	Signature, typed or printed name of registered a OFFICERS /		CTORS	13.		pre required		nstating) DDITIONS/CHANGES TO			
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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.

63 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE: MICHAEL R. HUNTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 16, 1999 8:00 am Secretary of State

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