FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:28

DOCUMENT # **P94000065451 (4)**

1. Corporation Name
FLORIDA BEACH SPORTS, INC.

Principal Place of Business	Mailing Address
1500 BAY RD APT 522 MIAMI BEACH FL 33139	1500 BAY RD APT 522 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 4818 Coronado PKwy
Suite, Apt. #, etc. 22:
City & State 23: Cape Coral, FL
Zip 24: 33904 Country 25: Lee

2a. Mailing Address
26: 4818 Coronado PKwy
Suite, Apt. #, etc. 27:
City & State 28: Cape Coral FL
Zip 29: 33904 Country 30: Lee

4. FEI Number: 65-0558854 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALGARRA, MARIANE
1500 BAY RD
APT 522
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: Joseph L. Lankfree
82 Street Address (P.O. Box Number is Not Acceptable):
83: 1250 Arcola Drive
84 City: Ft. Myers FL 85 Zip Code: 33919

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: _____ 3/27/95
(Signature, typed or printed name of registered agent and date of execution) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	ALGARRA, MARIANE	12 NAME	Joseph L. Lankfree	
STREET ADDRESS	1500 BAY RD	13 STREET ADDRESS	1250 Arcola Dr	
CITY ST ZIP	MIAMI BEACH FL 33139	14 CITY ST ZIP	Ft. Myers, FL 33919	
TITLE		21 TITLE	T/S/D/VP	☐ Change ☒ Addition
NAME		22 NAME	Herschell Roger Coil	
STREET ADDRESS		23 STREET ADDRESS	4818 Coronado PKwy	
CITY ST ZIP		24 CITY ST ZIP	Cape Coral, FL 33904	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Joseph L. Lankfree 3/27/95 813-543-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0148493 CP