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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000090292 (1)

## MEGABYTE INTERNATIONAL LEISURE PRODUCTS, INC.

Principal Place of Business			Mailing Address					n vooribous vied sekkik okanv menint merkit ookist kohist kohist ookise tiedid voorim siste suuri				
96 GARNET PLACE DESTIN FL 32541 US			96 GARNET PLACE DESTIN FL 32541-3765 US									
03			,					3.	Date Incorporated or Qualified 12/12/1994		te of Last F	Report
	lace of Business		Mailing Address					4.	FEI Number		A	pplied For
21		26							NOT APPLICABLE		<del></del>	lot Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional
22		27	City & State					<del>  _</del> -	P			lequired
Orty & State	α	28	City or State					6.	Election Campaign Financing Trust Fund Contribution			May Be
<b>23</b> Zip	Country	[28]	Zip		ountry	,		-				to Fees
24	25	29	2.10	30	ooriu y			8.	This corporation has liability for Electronic Statutes		tax under : ] No	5. 199.032,
[	9. Name and Address of Curre		tered Agent	1501				10.	. Name and Address of New Re			
HAI	JGHT, BRUCE A				81	١	Name				-	
	MAIN STREET				82	Ļ	Piton all A alaba	/C	DO Doublember is Alot Assessable			
	TIN FL 32541				62	٦	Street Addre	5S (F	P.O. Box Number is Not Acceptab	нө)		
					83	T					,	
					84	-	City				DE Zin	Code
					04		Jity			FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 6	07.1508, Florida Stat	tutes, the	above	e-n	amed corpo	ratio	on submits this statement for the p	urpose of	changing	its registered
agent. La	registered agent, or notif, in the State on familiar with, and accept the oblig	gations of	l, Section 607.0505, I	Florida S	tatutes	yuı S.	ie corporatio	ліъ	board of directors, Thereby accep	y ne abb	omatanent et	s registered
SIGNATURE												· · · · · · · · · · · · · · · · · · ·
<b></b>	Sign done, typed or planted trame of region ending				···········	ent s	signature required		All and the second seco	DATE	DIDECTO	00 141 40
12.	OFFICERS AN	40 DIREC	DELETE	13	3. I TITLE		····		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	
Į.	RATZLAFF, GEORGE										Onange	Podmon
NAME OTGOGRAFIA	96 GARNET PLACE				NAME	. Ath	norne					
STREET ADURESS	DESTIN FL				STREET		i					
CITY-ST ZIP	VP		DELETE		TITLE	- 1	ar	_			Change	Addition
NAME	SPENCER, BILL			1	NAME		1					
STREET ADDRESS	BOX 1535 AT 64 21 STREET				STREET	r an	IDBESS					
CHY-ST-ZIP	SANTA ROSA BEACH FL				4 CITY-5							
TITLE			DELETE		TITLE	IJ1°.	411		v .		Change	Addition
NAME					NAME						-	
STREET ADDRESS				1	STREET	T AD	DRESS					·
City - St - ZiP					. CITY-							
TITLE		,	DELETE		TITLE						Change	Addition
NAME				4.	2 NAME							
STREET ADDRESS				4.3	STREET	I AD	ORESS					
C-TY - ST - ZIP				4.4	4 CITY - S	ST 2	ZIP					
TITLE			☐ DELETE	5.1	1 TITLE						Change	Addition
NAME				5.2	2 NAME							
STREET ADDRESS				5 3	STREET	T AD	ORESS					
CITY - 51 - ZIP				5.4	CITY-S	ST - Z	ZIP					
TITLE			DELETE	6	1 TITLE	_					☐ Change	Addition
NAME				63	? NAME							
STREET ADDRESS				63	3 STREET	T AD	ODRESS					
CITY - ST - 7IP				64	CITY-S	ST-Z	ZIP					

14. I do 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

achment with an address

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

appears in Block 12 or Block

Daytime Phone 4

Daye

**FILED** 

Jan 22 1997 8:00am

Secretary of State