FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012308 (9)**

1. Corporation Name

OUTDOORS, INC.

Principal Place of Business

17071 WEST DIXIE HIGWAY
SUITE B
NORTH MIAMI BEACH FL 33160

Mailing Address

17071 WEST DIXIE HIGWAY
SUITE B
NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 02/13/1995

3a. Date of Last Report:

4. FEI Number: 65-0581886 — 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

2. Principal Place of Business
21 652 BRANDON TOWN Center
22 Suite, Apt. #, etc.
23 City & State: BRANDON, Fla
24 Zip: 33511 25 Country: USA

2a. Mailing Address
26 P.O. Box 450309
27 Suite, Apt. #, etc.
28 City & State: SUNRISE, Fla
29 Zip: 33345 30 Country: USA

9. **Name and Address of Current Registered Agent**

ROGOVIN, LAWRENCE H
17071 WEST DIXIE HIGWAY
SUITE B
NORTH MIAMI BEACH FL 33160

10. **Name and Address of New Registered Agent**

81 Name: WALID A. SAFA
82 Street Address (P.O. Box Number is Not Acceptable): 12801 W. SUNRISE Blvd #135
83
84 City: SUNRISE, Fla FL 85 Zip Code: 33322

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: Walid Safa — 2-06-96

Signature, typed or printed name of New Registered Agent if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	President; CEO; Director ☒ Change ☐ Addition
NAME	ROGOVIN, LAWRENCE H	1.2 NAME	WALID A. SAFA
STREET ADDRESS	17071 WEST DIXIE HIGWAY SUITE B	1.3 STREET ADDRESS	12801 W. SUNRISE Blvd #135
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	SUNRISE, Fla 33322
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(k), 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: Walid Safa WALID A SAFA 2-29-96 954 8462502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)