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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Msrtham>

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000088531 (5)

OUTERLIMITS, INC.

1997 J	W 3	30	AH	H:	13
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APPROVED AND FILED

C/O OASELLA 4432 FIRST-ST		Mailing Address 0/0-CASELLA & MCMICHAE 1432 FIRST ST SUITE G- CARASCITA EL 34236.5700	L. P.A.				
5520 1	4th Street West,		342	107	3. Date Incorporated or Qualified 11/16/1995	3a. Date of La	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	•	Applied For
21	,	26			65-062896	<u> </u>	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1	75 Additional e Regulred
22 City & Stat	e	City & State			6. Election Campaign Financing		.00 May Be
		28			Trust Fund Contribution		ded to Face
Zip	Country	Zip	_ Coun	lry	8. This corporation has liability for	~	der s. 199.032,
24	g. Name and Address of Curre		<u> </u>		Florida Statutes L 10. Name and Address of New Ro	Yes No	
CAG	CLLA ROBERT M			1 Name		<u> </u>	
i .	PERST ST			J. R: 2 Street Add	ichard Kaiser ress (P.O. Box Number is Not Accepta 14th Street West	blo)	
RUE	T E O			5520	14th Street West		
· GAR	ASOTA FL 34290		E	3			
			ε	14 City		85	Zip Code
44 Burningt	to the provisions of Continue 607.06	22 and 607 1509 Florida Statutor	the obe	Brade	enton, poration submits this statement for the	FL	34207
office or i	registered agent, or both, in the State	of Florida, Such change was au	thorized	by the corpora	tion's board of directors. I hereby acce	pt the appointmen	as registered
1	am familiar wild, and acceptine only	parties or, Section 607.0505, Fidil	da Siaiu	ies.		2.20.9	`つ
SIGNATURE	Stonature, typed or printed name of retristered ag		Hegistered /	igent signature requ	red when remstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D Kaiser, J. Richard	☐ DELETE	1.1 TOL			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS	4026 ROBERTS POINT RD		1,2 NAM	ET ADORESS			· • · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	SARASOTA FL 34242			- ST-ZIP	1 1010101027 -07/07	79701169	1017
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NAME			2.2 NAM	ır			
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CITY-ST-Z#P		Driete		r - \$1 - ZIP		170%	- Tadas
TITLE		☐ DELETE	3.1 1/11			∐ Cha	nge [] Addition
NAME STREET ADDRESS			3.2 NAM	ET ADDRESS			\
CITY-ST-ZIP				Y-SI-ZIP			
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NAME			4. 2 NA	AE			ì
STREET ADDRESS			4.3 STR	EET ADDRESS			ŀ
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TITLE		DELETE	5 1 TITL	ł		Cha	nge 🔲 Addition
NAME 6			5.2 NAM 5.3 STRI	ET ADDRESS			
CITY-ST-ZIP				-S1-ZIP			_
TITLE		DELETE	6.1 TITL			☐ Cha	pg) [[(ddill)n
NAME			6.2 NAN	lé		الرو	R1004
STREET ADDRESS			6.3 STRI	E1 ADDRESS		- 6	
CiTV. ST. 789			6 A CITY	- S1 - 7IP			ν'

14. I do hereby certify that the information supplied with this filing does not qualify for the examption 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 of on the address.