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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000005160 (2)

RECREATIONAL ENTERPRISES, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Plac	de of Business	Mailing Add	Mailing Address					
	SQUARE. #373-A		253 MERRITT SOUARE. #373-A					
MERRITT ISL	AND FL 32952	MERRITT IS	SLAND FL 3299	52		DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualified	// AOL	
						01/01/1996		
2. Principal F	Place of Business	2a. Maiting /	Address		 -	4. FEI Number		Applied For
21		26				59-3356538		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	\$8.7	5 Additional
22		27	then the second			5. Certificate of Status Desired		e Required
City & Stat	te	City & St	lato		••••	6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		led to Fees
Zip	Country	Z ip		Country		8. This corporation owes or has paid the cur		
24	25	29		30			Yes	□ No
	9. Name and Address of Cu	rrent Registered Age	ent	<u> </u>		10. Name and Address of New Registered	igent	
TH	IOMAS, FLOYD W			81	Name			
253 MERRITT SQUARE, #373-A				82	Stroot Add	Idress (P.O. Box Number is Not Acceptable)		
	RRITT ISLAND FL 32952	•		02	Sheet Add	ress (F.O. box Normber is Not Acceptable)		
				83				
							1 1	
				84	City	FI	85	Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508 I	Florida Statute	es the above	-named cor	poration submits this statement for the purpose of	changii	na its registered
office or i	registered agent, or both, in the S	state of Florida, Such o	change was a	uthorized by	the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointmen	t as registered
agent. i a	am t a miliar with, and accept the o	pligations of, Section	607.05 0 5, Fio	orida Statutes	٠.			
SIGNATURE	Signature Typed or pointed name of respectore	of many or one finding the second of the	ZNOTI	C. Donisland for	al signature room	vired when reinstating) DATE		
12.		AND DIRECTORS		13,	in signatore requ	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	PM		DELETE	1.1 THTLE		TABBITION OF TANGED TO STATE OF THE	Char	
NAME	THOMAS, FLOYD W	•	 •	1.2 NAME				
STREET ADDRESS	253 MERRITT SQUARE,	373.∆		1.3 STREET	ADODECC			
City-St-ZIP	MERRITT ISLAND FL	0.01.						
TITLE	MICHARY TODAYO TC		DELETE	1.4 CITY - S 2.1 TITLE	1- £IF		☐ Char	ige Addition
NAME		_	_ beerie	2.2 NAME			V.Id.	ige 🗀 riconioi
					1000000			
STREET ADDRESS				2.3 STREET		.)		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 CITY - S	I - ZIP		☐ Char	nge Addition
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NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP	 _ , 		7 DELETE	3.4. CITY - S	T-ZIP		F-1 0±	
TITLE		Ļ	DELETE	4.1 TITLE			☐ Char	ige L Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	I - ZIP			
TITLE			DELETE	5.1 TITLE			☐ Char	oge 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS	•		
CITY-ST-ZIP				5.4 CITY-S	F-ZIP			
TITLE		Ι	DELETE	6.1 TITLE			Char	ge Addition
NAME				6.2 NAME				
STREET ADDRESS	1							
	l .			6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.3 STREET 6.4 CITY-S			,	

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 supplienental 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 13 if phanged, or own altachment with an address.