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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700000401

1. Corporation Name

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90116 002 ***158.75

VILLAGE	E SURF SHOP, INC.				•	-				
		•								ABIRI (JE) IARI
Principal Plac	e of Business	Mailing Address				7	1 10011001 1101 1011 1011 1011 1011	8143 178 431 178 414	TO 111 TO 111 TITE!	1861 (811 (818)
149 AVENIDA MESSINA 149 AVENIDA MESSINA										
SARASOTA FL 34242 SARASOTA FL 34242				•		1				
							DO NOT WR	TE IN THIS	SPACE	
						3.	Date Incorporated or Qualifed			
O Dinairal D	Name of Divisions	O Barilla - Adala				1.	12/27/1996 FEI Number			-lied For
⊢-	lace of Business	2a. Mailing Addre	SS			1 .			<u> </u>	plied For
Suite, Apt.	# atc	26 Suite, Apt. #,				╁	65-0714739		\$8.75 A	t Applicable
22	#, GtG.	27	, :		4	5.	Certifcate of Status Desired	-	Fée Re	
City & Stat	re	City & State				+=	Election Campaign Financing		\$5.00	
23	-	28				1	Trust Fund Contribution		Added to	
Zip	Country Zip			Country			This corporation owes the cur	ent vear in		
24	25	29	30				Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent				10.	Name and Address of New	Registered	Agent	
				81	Name					İ
PATRICK R. CUNNINGHAM, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)						
3008 MANATEE AVE				52 Street Address (P.O. Box Number is Not Acceptable)						
BRA	DENTON FL 34205			83						
				84	City				85 Zip C	'ode
				54	City			FL	. 63 210 0	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	a Statutes, the a	bove	-named corpo	ration	submits this statement for the	purpose of	changing its	registered
oπice or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such changations of, Section 607.0	e was autnorized 505, Florida Stat	o by tutes	tne corporation	n s bo	ard of directors. I hereby acce	pi ine appoi	nunem as reg	istered
SIGNATURE	· -									ĺ
3,0,1,1,1,1,1,1	Signature, typed or printed name of registered agei			d Agen	t signature required			DATE		
12.		ID DIRECTORS	13.			Α	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D DODE THE	[]] DEI			İ		•		Change	☐ Addition
NAME	DWINNELLS, ROBERT K		1.2 N							
STREET ADDRESS	309 LANTANA AVE		1.3 \$1	TREET	ADDRESS					[
CITY-ST-ZIP	SARASOTA FL 34243			ITY-SI	r-ziP)
TITLE	D	☐ DEI		TLE	1					D Addition
NAME	DWINNELLS, CHERYL L				I .	•			☐ Change	☐ Addition
STREET ADDRESS	309 LANTANA AVE		2.2 N			•			☐ Change	Addition
CITY-ST-ZIP			2.3 51	TREET	ADDRESS	-			☐ Change	Addition
	SARASOTA FL 34243		2.3 ST 2.4 C	TREET		-				-
TITLE		☐ DEI	2.3 ST 2.4 C LETE 3.1 TI	TREET XTY-S TLE		-			Change	Addition
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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 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, with all other like empowered.

SIGNATURE:

ERT K. DWINNELLS