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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000004325 (1)

1. Corporation Name

THE FREEFALL ACADEMY INC.



Principal Place of Business

Mailing Address

11086 ROSELAND ROAD
SEBASTIAN FL 32958

P.O. BOX 83
ROSELAND FL 32957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

2. Principal Place of Business

2a. Mailing Address

21 11176 MULBERRY ST

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SEBASTIAN FL

27 City & State

City & State

City & State

23 SEBASTIAN FL

28 Zip

Zip

Zip

Country

Country

24 32958

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROOOS, CONSTANTINE G
11086 ROSELAND ROAD
SEBASTIAN FL 32958

81 Name PROOOS, CONSTANTINE G

82 Street Address (P.O. Box Number is Not Acceptable)

11176 MULBERRY ST

83

84 City SEBASTIAN FL

85 Zip Code 32958

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

Signature typed or printed name of registered agent, with title of application

NOTE: Registered Agent signature required when reinstating

2/3/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

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

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.

CR2E034 (10/97)