

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

FILED  
May 11 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000016088 (1)**

1. Corporation Name  
**XTREME PROMOTIONS, INC.**

Principal Place of Business

**1830 SETTLE STREET  
CLERMONT FL 34711**

Mailing Address

**1830 SETTLE STREET  
CLERMONT FL 34711**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>301 Pearl Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Minneapolis FL</b> Zip Country 24 <b>34755</b> 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>P.O. Box 2379</b> Suite, Apt. #, etc. 27 City & State 28 <b>Minneapolis FL</b> Zip Country 29 <b>34755-2379</b> 30 <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>02/15/1997</b> <b>4. FEI Number</b> <b>59-3437031</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**HUGHES, JOSEPH D  
1830 SETTLE STREET  
CLERMONT FL 34711**

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

**81 Name** **Michael O. Hesselberg**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**1830 Settle Street**  
**83**  
**84 City** **Clermont** **FL** **85 Zip Code** **34711**

**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 *Michael O. Hesselberg* **4/30/98**

Signature, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when reinstating

DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, JOSEPH D</b>	1.2 NAME	
STREET ADDRESS	<b>697 ANDERSON ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELSELBERG, MICHAEL O</b>	2.2 NAME	<b>Hesselberg, Michael O.</b>
STREET ADDRESS	<b>1830 SETTLE STREET</b>	2.3 STREET ADDRESS	<b>1830 Settle Street</b>
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	2.4 CITY-ST-ZIP	<b>Clermont, FL 34711</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>P/M D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Richard Long</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>697 Anderson Road</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Groveland, FL 34736</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VP/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Hesselberg, Lera M.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1830 Settle Street</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Clermont, FL 34711</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

SIGNATURE: *M. L. Long* **4/30/98** (352) 301-2572

CR2E034 (10/97)