

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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

2. Principal Place of Business: 21 301 Pearl Street, 22 Minneola FL, 23 34755, 24 USA  
2a. Mailing Address: 26 P.O. Box 2379, 27 Minneola FL, 28 34755-2379, 29 USA  
3. Date Incorporated or Qualified: 02/15/1997  
4. FEI Number: 59-3437031  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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  
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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, JOSEPH D	
STREET ADDRESS	697 ANDERSON ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HESELBERG, MICHAEL O	
STREET ADDRESS	1830 SETTLE STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hesselberg, Michael O.	
2.3 STREET ADDRESS	1830 Settle Street	
2.4 CITY-ST-ZIP	Clermont, FL 34711	
3.1 TITLE	P/M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Long	
3.3 STREET ADDRESS	697 Anderson Road	
3.4 CITY-ST-ZIP	Groveland, FL 34736	
4.1 TITLE	VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hesselberg, Lera M.	
4.3 STREET ADDRESS	1830 Settle Street	
4.4 CITY-ST-ZIP	Clermont, FL 34711	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature], 4/21/98 (352) 301-2572

CR2E034 (10/97)