PROFIT



FLORIDA DEPARTMENT OF STATE

FILED May 06, 1999 8:00 am Secretary of State

CORPORATION ANNUAL REPORT 1999			Secretary of State Division OF CORPORATIONS			05-06-1999 9	-		-
	1999 MENT #	7000016		ORPORATIONS					
1. Corporation		סוטטטטוס	920		``				•
SURF C	AFE, INC.				5 (36)(46)	1 110 2020 10012 00121 0014 0014 0	 1111 (1111 1111 1411 1412	II CLI CENT ILEI	三三
Principal Place of Business Mailing Address 395 NORTHEAST SPANISH RIVER BLVD 395 NORTHEAST SPANISH RIVER BLVD					7,23,,75				
395 NORTHEAS BOCA RATON I	st spanish river blvd FL 33431		NORTHEAST SPANISH (A RATON FL 33431	HIVEK BLVD		DO NOT WRITE IN T	HIS SPACE		
j					3. Date incorpt 02/21/199	orated or Qualifed		Ì	=:5
2 Principal Pi	lace of Business	22.	Mailing Address		4. FEI Number		So Ap	plied For	
21	lace of Basiliove	26			15 46835	<u>36 65 073</u> 0		t Applicable	= 15
Suite, Apl. 22	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of	Status Desired	\$8.75 A		= ::
City & State	9		City & State			npaign Financing	\$5.00 Added t		
Zip	Country	28	Zip	Country	8 This corpora	tion owes the current yea		5.555	
24	25	29		30	Personal Pro	operty Tax.	Yes	□No	=44
	9. Name and Addres	s of Current Registe	ared Agent	81 Name	10. Name and	Address of New Registe	red Agent		= 12
COR	PORATION SERVICE	COMPANY		1	Address (P.O. Box Num	ber is Not Acceptable)			==:-
	HAYS STREET			- 📙	Address (F.O. Dox Hair				=
TALL	LAHASSEE FL 32301-2	2525		83					=:-
				84 City			FL 85 Zip C	ì	
11. Pursuant	to the provisions of Section	ons 607.0502 and 60 in the State of Florida	7.1508, Florida Statute 3. Such change was au	s, the above-named	corporation submits this oration's board of direct	statement for the purpos ors. I hereby accept the a	e of changing its ppointment as re	registered pistered	
11. Pursuant office or r agent. I a	to the provisions of Section registered agent, or both, im familiar with, and acce	ons 607,0502 and 60 in the State of Florida pt the obligations of, \$	7.1508, Florida Statute a. Such change was au Section 607.0505, Flori	s, the above named thorized by the con- ida Statutes.	corporation submits this oration's board of direct	statement for the purpos ors. I hereby accept the a	e of changing its ppointment as re	registered gistered	=:
11. Pursuant office or r agent. I a SIGNATURE	Signature, typed or printed name	of regulated agent and title if	applicable. (NOTE:	Registered Agent signature	required when reinstating)	DAT	E		_
SIGNATURE	Signature, typed or printed name OF	pt the obligations of,	applicable. (NOTÉ:	Registered Agent signature	required when reinstating)		E		_
SIGNATURE 12. TITLE	Bignature, typed or printed name OF	of regulated agent and title if	applicable. (NOTE:	Registered Agent signature	required when reinstating)	DAT	S AND DIRECTO		_
SIGNATURE 12. TITLE NAME	Signature, typed or printed name OF	of regulated agent and tide if	applicable. (NOTÉ:	Registered Agent signature 13. 1.1 TITLE	required when reinstating)	DAT	S AND DIRECTO		_
SIGNATURE 12. TITLE	Bignature, typed or printed name of OF D BAXTER, TED	of registered agent and tale if it is in the interest and DIRECT	eppicable. (NOTE: CTORS	Registeréd Agent signeture 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)	DAT	S AND DIRECTO Change	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OF D BAXTER, TED 708 SOUTHEAST ST	of registered agent and tale if it is in the interest and DIRECT	applicable. (NOTÉ:	Registered Agent signeture 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when reinstating)	DAT	S AND DIRECTO		CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OF D BAXTER, TED 708 SOUTHEAST ST DEERFIELD FL 3344	of registered agent and tale if it is in the interest and DIRECT	eppicable. (NOTE: CTORS	Registeréd Agent signeture 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)	DAT	S AND DIRECTO Change	RS IN 12	_
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ity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under eath; that I am an i to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ith all other like empowered. 14. I hereby cartify that the information supplied with this filing does indicated on this ennual report or supplemental annual report is officer or director of the corporation or the teceiver or trustee em Block 12 or Block 13 if changed, of on an attachment with an ad-

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR SECTION
THEO DORE HILL BAXTER