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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053416 (8)**

1. Corporation Name

FLORIDA OUTDOORS ENTERPRISES, INC.

Outdoors

Principal Place of Business

**2801 N. OCEAN AVE.
STE. F
SINGER ISLAND FL 33404**

Mailing Address

**2801 N. OCEAN AVE.
STE. F
SINGER ISLAND FL 33404**

2. Principal Place of Business

21 *1150 S. Federal Hwy*

Suite, Apt. #, etc.

22

City & State

23 *Stuart, FL.*

Zip

24 *34994*

Country

2a. Mailing Address

21 *Same*

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

**BERKOWITZ, MITCHELL PA
2801 N. OCEAN AVE.
STE. F
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GODOV, ED A**
STREET ADDRESS **2801 N. OCEAN AVE STE F**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **D** ☒ DELETE
NAME **GODOV, BARBARA B**
STREET ADDRESS **2801 N. OCEAN AVE STE F**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **D** ☒ DELETE
NAME **SPIELES, DEBRA**
STREET ADDRESS **2801 N. OCEAN AVE STE F**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **U.P./D** ☒ DELETE
NAME **Brian Spieles**
STREET ADDRESS **8860 U.S. 1**
CITY-ST-ZIP **Wabasso, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/D/S**
1.3 STREET ADDRESS **Ed A. Godov**
1.4 CITY-ST-ZIP **1150 S Federal Hwy. Stuart, FL. 34994**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **100002451731--9**
2.3 STREET ADDRESS **-03/10/98--01023--016**
2.4 CITY-ST-ZIP ******158.75 ****158.75**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Ed Godov

2/25/98

CR2E034 (10/97)