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PROFIT CORPORATION ANNUÁL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056629 (3)

BUSH VOLLYBALL, INC.

Principal Place of Business Mailing Address

FILED Jun 29 1998 8:00am Secretary of State



2605 US 1 SO #18 2005 US 1 SO #18 ST AUGUSTINTE FL 32086 ST AUGUSTINTE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3456671 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \square 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intaggible 24 29 Personal Property Tax due June 30. 25 30 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BUSH, ROBERT G JR 2605 ÜS 1 SO #18 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINTE FL 32086 83 84 City 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 Signiture, typed or printed name of regulered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TIT1 F DELETE 11 TITLE Change Addition **B**ush, Robert G Jr NAME 12 NAME **26**05 US 1 SO #18 STREET ADDRESS 1.3 STREET ADDRESS **B**T AUGUSTINTE FL 32086 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Channe Addition TITLE 2.1 TITLE **B**ush, Susan L NAME 2.2 NAME 2605 US 1 SO #18 STREET ADDRESS 2.3 STREET ADDRESS **ST** AUGUSTINTE FL 32086 CITY-ST-ZIP 2. 4 CITY-S1 - ZIP DELETE Change Addition TITLE 3.1 1011 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STRFET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 Ti1L€ 5.2 NAME NAME -07/01/33--01023--0**0**6 STREET ADDRESS 5.3 STREET ADDRESS ***8.75 CITY-ST-ZIP 5.4 CITY-ST-7IP Change DELETE Addition TITLE 6.1 TITLE 9000025771 NAME 6.2 NAME -**07/**01/98---01028---0**6**5 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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.