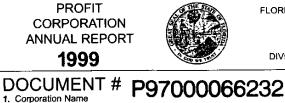
**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA OUTDOOR RECREATION, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90140 038 \*\*\*150.00

## 

Principal Place of Business Mailing Address						I INDICANT TO THE ORDER ORDER OF THE	IN MALLIA ARMA ARMA MA	.ee 11419 (194 )ee1
9260 W. INDIAN JUPITER FL 33		9260 W. Indiantown Jupiter FL 33478	9260 W. Indiantown RD. Jupiter Fl 33478			DO NOT WRITE II	N THIS SPACE	
						3. Date Incorporated or Qualifed	THIS SI AGE	
						07/31/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21	100 01 00311033	}	26			65-0784823	<del></del>	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27	27			5. Certificate of Status Desired	Fee F	Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing		O May Be
23		28	28			Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	<u></u>			8. This corporation owes the current year Intangible		
24	25 29		30	30		Personal Property Tax.		
Name and Address of Current Registered Agent				81	10. Name and Address of New Registered Agent 11 Name			
eci i	ICK BOYDI EA			81	Name			
SELLICK, BRADLEY 661 S.W. WOODSIDE COURT				82 Street Address (P.O. Box Number is Not Acceptable)				
	M CITY FL 34990			83				
IAL	11 0111 12 04000			03				
				84	City		FL 85 Zip	p Code
44 Directions	to the provisions of Scotions 607 (	NEO2 and 607 1508 Elorida St	atutes the a	hove	-named con	poration submits this statement for the purp	ose of changing i	its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change wa	as authorized	d by 1	the corporati	ion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE							ATÉ	{
40	Signature, typed or printed name of registered	AND DIRECTORS	13.	Agent	signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE		FORS IN 12
TITLE	PD	DELETE				7,55111011070[#11020 10 07110]	☐ Change	
NAME	SELLICK, BRADLEY	<b>_</b>	1,2 N					
STREET ADDRESS	661 S.W. WOODSIDE COUP	ıτ	1		ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990	••	1.4 CITY		!			ļ
TITLE	DELETE			2.1 TITLE			Change	e Addition
NAME	2.21		AME					
STREET ADDRESS			2.3 ST		ADDRESS			Į.
CITY-ST-ZIP			2.40		T-ZIP			
TITLE		☐ DELETE	DELETE 3.11				Change	e 🔲 Addition
NAME			3.2 N	AME				}
STREET ADDRESS			33S	TREET	ADDRESS			-
CITY-ST-ZIP			3.4. 0	ITY-S	r-ZIP			
TITLE		☐ DELETE	4,1 TI	TLE			Change	e 🗌 Addition
NAME			4. 2 N	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-\$ī	-ZiP			
TITLE		☐ DELETE					☐ Change	e Addition
NAME			5.2 N					
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP				ITY-ST	-ZIP		[70	n Addition
TITLE		☐ DELETE					Change	e Addition
NAME			6.2 N					j
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 C	ITY-ST	-Z <del>I</del> P			

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 open attachment with an address, with all other like empowered.

SIGNATURE: