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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90115 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000010553

1. Corporation Name
FLORIDA XTREME INCORPORATED

Principal Place of Business
**200 EAST ROBINSON STREET STE. 500
ORLANDO FL 32801**

Mailing Address
**200 EAST ROBINSON STREET STE. 500
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

59-3495855

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA CORPORATE SUPPORT, INC.
200 EAST ROBINSON STREET STE. 500
ORLANDO FL 32801**

81 Name

MARIAN L. OWEN

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

1509 SUNSET POINTE PLACE

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **OWEN, PHILLIP C**
STREET ADDRESS **1509 SUNSET POINT PLACE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ALLEN, REBECCA D**
STREET ADDRESS **2215 CATBRIAR WAY**
CITY-ST-ZIP **OVIDO FL 32765**

2.1 TITLE **S/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OWEN, MARIAN L**
STREET ADDRESS **1501 SUNSET POINT BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **Corrections**
3.3 STREET ADDRESS **1509 SUNSET POINTE PLACE**
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SCHEID, AMY R**
STREET ADDRESS **14 MINNEHAHA CIRCLE**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99

Date

407-933-7497

Daytime Phone #

CR2E034 (11/98)