PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037107

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HILLBIL	LY WATERSPORTS INC.									
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Principal Pla	ce of Business	Mailing Address		•		1 (M#1)##1 15 161#1 (1	1511 M e 444 MM411 M1	1194 K a 144 1917		
P.O. BOX 1859 P.O. BOX 1859										
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	•					4/23/1998	Qualifeu			
0 D-li1	Place of Business	2a. Mailing Address				Number			TA	plied For
_	Place of Business	<u> </u>	•		an i	65-095	53299	•	<u> </u>	t Applicable
Suite, Apr	1 # atc.	Suite, Apt. #, etc	C.						\$8.75	
22		27			5. C	ertificate of Status D	esired [J	Fee Re	beniups
City & Sta	ale	City & State			6. E	ection Campaign F	inancing _		\$5.00	Мау Вы
23		28		_	Tr	ust Fund Contributi	on E	<u> </u>	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. TI	nis corporation owe	s the current			
24	25	29	30			ersonal Property Ta] Yes	DANO.
	9. Name and Address of Curre	nt Registered Agent			10. N	ame and Address	of New Reg	stered Ag	ent	
56	OVER DAMED IN ID			B1 Name						
BECKER, DAVID H JR.				82 Street	Address (P.O. Box Number is Not Acceptable)					
301 LANCE LN.										
KE.	Y LARGO FL 33037			83						
				84 City					BS Zip (Code
	nt to the provisions of Sections 607.050 registered agent, or both, in the State am amiliar with, and acceptating obliga							<u>FL</u>		
							A	70 _0	17	
SIGNATURE	Signature, below or plants rightfoliol regulational age	ni ang ilija Trappiloakie	(NOTE: Registered		aquired when rains	tating)	4-	X7 - 7		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GREG BYRI) SOI LANCE LN KEY LANCE FL	DELE	(NOTE: Registered 13. TE 1.1 TI 12 N/ 1.3 ST 1.4 CI TE 2.1 TI	Agent algorature re TLE WAE REET ADDRESS TY- ST-ZIP TLE	OA TRE	IMMO) DITIONS/CHANGE S (FE/C L	S TO OFFICE	23303	DIRECTO Change	RS IN 12
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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 or structure and that may an officer or director of the corporation or the receiver or instead 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 all other like empowered.

SIGNATURE:

INE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

305 453030

May 08, 1999 8:00 am Secretary of State

05-08-1999 90088 009 ***150.00

Daytima Phone