FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038407 1. Corporation Name

NORTH FLORIDA SKI CLUB, INC.

	,						
Principal Place	e of Business	Mailing Address			* 10011001 110 (2021 1011) 00111 00111 00111		
4626 EMPIRE AVE. 4626 EMPIRE AVE.							
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207					DO NOT WRITE IN T	HIS SDACE	
					3. Date Incorporated or Qualifed	IIIS SPACE	
					04/27/1998		
2 Principal Pl	lace of Business	2a. Mailing Address		 -	4. FEI Number	App	lied For
—, ·	lace of business	26			Applied for SEE EN		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	_			\$8.75 A	dditional
22	,,	27			5. Certifcate of Status Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		□No.
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Registe	red Agent	
WEV	ER, WILLIAM		1	INAINE			
	EN, WILLIAM BEMPIRE AVE.		1	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	KSONVILLE FL 32207		la Ta	13			
57.01			'				
			[1	34 City		FL 85 Zip C	ode
44 Durauant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statut	es the ab	ve-named co	rnoration submits this statement for the nurnos	e of changing its i	registered
office or n	registered agent, or both, in the State	of Florida. Such change was a	lutnorizea i	зу тпе согрога	tion's board of directors. I hereby accept the a	ppointment as reg	jistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fig	inda Statut	es.			I
					<i>بد</i> ان المان ا	29-44	
SIGNATURE	Signature lyped or printed name of registered age		: Registered A		ired when reinstating) DAT	29-99	
	Signature, typed or printed name of registered age OFFICERS A		Registered A			E •	
SIGNATURE 12.	OFFICERS AN	ent and title if applicable (NOTE		gent signature requ	ired when reinstating) DAT	E •	RS IN 12
12.	OFFICERS AN	ent and title if applicable (NOTE	13.	gent signature requ	ired when reinstating) DAT	S AND DIRECTOR	
12. TITLE	OFFICERS AND President Wm. G. Weyer 4626 Empire Are.	ent and title if applicable (NOTE	13. 1.1 TITL 1.2 NAM	gent signature requ	ired when reinstating) DAT	S AND DIRECTOR	
12. TITLE NAME	OFFICERS AN	ent and title if applicable (NOTE	1.1 TITL 1.2 NAM 1.3 STR	gent signature requ E	ired when reinstating) DAT	E S AND DIRECTOI	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AT President Wm. G. Weyer 4626 Empire Are. Jax., FL 32204	ent and title if applicable (NOTE	1.1 TITL 1.2 NAM 1.3 STR	gent signature requires	ired when reinstating) DAT	S AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT President Wm. G. Weyer 4626 Empire Are. Jax., FL 32204 Vice - President Strate of Ahun	nnt and title if applicable (NOTE ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA& 1.3 STR 1.4 CITY	gent signature requires	ired when reinstating) DAT	E S AND DIRECTOI	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AT President Wm. G. Weyer 4626 Empire Are. Jax., FL 32204 Vice - President Strate of Ahun	nnt and title if applicable (NOTE ND DIRECTORS DELETE	13. 1.1 TIT. 1.2 NAA 1.3 STR 1.4 CITY 2.1 TIT. 2.2 NAA	gent signature requires	ired when reinstating) DAT	E S AND DIRECTOI	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT President Wm. G. Weyer 4626 Empire Are. Jax., FL 32204 Vice - President Stephen Chun 6960 Philips Hwy. Jax., FL 32216	int and title if applicable (NOTE ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CID 2.1 TITL 2.2 NAW 2.3 STR	gent signature required. E E E E E E E E E E E E E	ired when reinstating) DAT	E S AND DIRECTOI ☐ Change ☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90188 012 ***150.00