FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083778

1. Corporation Name

OUTER BODY SPORT INC.

Principal Place of Business Mailing Address					
4001 N 41ST C		4001 N 41ST CT HOLLYWOOD FL 33302			
HOLLIWOOD FL 33302		TIOLET WOOD TE SOUR			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/28/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					X 22-36/7008 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27				5. Certificate of Status Desired Fee Required	
City & State City & State				6. Election Campaign Financing S5.00 May Be	
23 28				Trust Fund Contribution Added to Fees	
Zip			Country	ı	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
1	9. Name and Address of Curren		-		10. Name and Address of New Registered Agent
		···	81	Name	e
CUN	iningham, ronald e		82		A A January (D. O. Dan N. L. hour in Not Accordable)
4001	4001 N 41ST CT			Street	et Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33302			83		
				<u> </u>	
			84	City	FL (5 33021)
44 8	1 C - 4 C - 4 C - 7 C C 7 C C C C C C C C C C C C C C	2 and 507 4509 Florida Statutos	the show	nomod	
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 classing 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, typed or printed name of registered ager		· · · · · · · · · · · · · · · · · · ·	nt signatura r	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		TREASURE R CANCELLA AND BIRECHOKO IN 12
TITLE	_	- Deterie			LINDA CIDIN WEHAM
NAME	CUNNINGHAM, RONALD E		1.2 NAME		I AL HISTOSHY
STREET ADDRESS	4001 N 41ST CT		1.3 STREE	TADDRESS	Holywood FL. 33021
CITY-ST-ZIP	HOLLYWOOD FL 33302		1.4 CITY-S	T-ZIP	HOCCYWOOD TC. 33021 ☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TTLE		U Change □ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	TADDRESS	ss
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET	ADDRESS	ss
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	·
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	FADDRESS	ss
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME			. 5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	ss
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET	FADDRESS	is
CITY-ST-ZIP			6.4 CITY-S		
UITT-ST-ZIF					

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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampounded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if or an attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampounded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if or an attacking the same legal effect as if made under oath; that I am an officer or director of the corporation of the cor

SIGNATURE: