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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 06 1997 8:00am

Secretary of State

(813) 464-6634

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33033

(9)

SKI-BUNNY, INC.

SIGNATURE:

| Principal Place of Business                        |  | Mailing Address  | Mailing Address   |   | 4 SAMINATE CON TILON INTO MATANEMENTAL MATERIA NELLA MATERIA M |  |
|--|--|--|---|---|--|--|
| 6450 FIRST AVE NO.<br>ST PETERSBURG FL 33710<br>US |  | 6450 FIRST AVE NO<br>ST PETERSBURG FL 33710-8402<br>US   |   |   | :  |  |
|  |  |  | :   | 3. Date Incorporated or Qualified 02/20/1991  | 3a. Date of Last Report 04/15/1996   |  |
| <b>-</b> ¬ '                                       | face of Business   | 2a. Mailing Address  | · .   | 4. FEI Number   | Applied For  |  |
| 21 Suito Ant                                       | # nto  | Suite, Apt #, etc.   |   | 59-3175223  | Not Applicable   |  |
| Suite, Apt #, etc.                                 |  | 27   | 27  |   | \$8.75 Additional Fee Required   |  |
| City & Stati                                       | e<br>e   | City & State   |   | Election Campaign Financing     Trust Fund Contribution                                   | \$5.00 May Be Added to Fees  |  |
| Zip<br>24  | Country<br>25  | Ζφ<br><b>29</b>  | Country<br>30   | This corporation has liability fo     Florida Statutes                                    | r intangible tax under s. 199.032,   |  |
|  | 9. Name and Address of Curre   | · · · · · · · · · · · · · · · · · · ·  | [55]  | 10. Name and Address of New F   |  |  |
| DILLI  | nger, rober h  |  | 81 Name   | DILLINGER, ROBERT H.  |  |  |
| 6450 FIRST AVE NO<br>ST PETERSBURG FL 33710        |  |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)<br>6822 - 22nd Avenue North         |  |  |
|  |  |  | 83  | Suite 129   |  |  |
|  |  |  | 84 City   | St. Petersburg  | FL 85 Zip Code 33710   |  |
| 11. Pursuant office or r agent I a                 | lo fne provisions of Sections 607.05<br>egistered agent, or both, in the Stat<br>ni familiar with, and accept the obli | 502 and 607.1508, Florida Statute<br>te of Florida. Such change was a<br>gations of, Section 607.0505, Flo | es, the above-named<br>authorized by the corp<br>rida Statutes. | corporation submits this statement for the<br>poration's board of directors. I hereby acc | purpose of changing Its registered<br>ept the appointment as registered  |  |
| SIGNATURE  |  |  |   |   |  |  |
| 12.  | Signature, typed or printed harrie of registered a<br>OF SICERS At   | gen: and tille if applicable (NOTE<br>ND DIRECTORS   | Registered Agent signature                                      | required when reinstating)  ADDITIONS/CHANGES TO OFF                                      | DATE   |  |
| TITLE  | D OF MOLING A  | DELETE   | 1.3 TITLE   | D   | Change Addition  |  |
| NAME   | DILLINGER, ROBERT H  |  | 1.2 NAME  | DILLINGER, ROBERT H.  | En change En Naomen  |  |
| STREET ADDRESS                                     | 6450 1ST AVE NO.   |  | 1.3 STREET ADDRESS  | 6822 - 22nd Avenue No   | orth - Suite 129   |  |
| CITY - ST - ZIP                                    | ST PETERSBURG FL   |  | 1.4 CITY - ST - ZIP   | St. Petersburg, FL  | · · · · · · · · · · · · · · · · · · ·  |  |
| THTLE  |  | ☐ DELETE   | 2.1 TITLE   |   | Change Addition  |  |
| NAME   |  |  | 2.2 NAME  |   |  |  |
| STREET ADDRESS                                     |  |  | 2.3 STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP  |  |  | 2. 4 CITY~\$T-ZIP   |   |  |  |
| TITLE  |  | ☐ DELETE   | 3.1 TITLE   |   | Change Addition  |  |
| NAME:  |  |  | 3.2 NAME  | ·   |  |  |
| STREET ADDRESS                                     |  |  | 3.3 STREET ADDRESS  |   |  |  |
| C(TY+ST+Z)P  |  |  | 3.4. CITY-ST-ZIP  |   |  |  |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE   |   | Change Addition  |  |
| NAME   | •  |  | 4. 2 NAME   |   |  |  |
| STREET ADDRESS                                     |  |  | 4.3 STREET ADDRESS  |   |  |  |
| CITY - ST - ZIP                                    |  |  | 4.4 CITY - ST - ZIP   |   |  |  |
| TITLE  |  | ☐ DETELE   | 5.1 TITLE   |   | Change Addition  |  |
| NAME   |  |  | 5.2 NAME  |   |  |  |
| STREET ADDRESS                                     |  |  | 5.3 STREET ADDRESS  |   |  |  |
| CITY - ST - ZIP                                    |  | [ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | 5.4 CITY - ST - ZIP   |   |  |  |
| TITL <del>E</del>                                  |  | □ DELETE   | 6.1 TITLE   |   | Change Addition  |  |
| NAME   |  |  | 6.2 NAME  |   |  |  |
| STREET ADDRESS                                     |  |  | 6.3 STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP  | nu cartify that the information of male  | ad with this bling does not gualify  | 6.4 CITY-ST-ZIP   | tated in Section 119.07(3)(i), Florida Statut   | on I further postily that the  |  |
| informatio<br>Lam an of                            | n indicated on this annual report or   | supplemental annual report is tror the receiver or trustee empower   | ue and accurate and<br>ered to execute this r                   | I that my signature shall have the same leg<br>eport as required by Chapter 607, Florida  | ial effect as if made under oath: that   |  |