

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S57489**

(4)

1. Corporation Name:

FLORIDA OUTDOOR SPORTS, INC.



Principal Place of Business

**82670 OVERSEAS HIGHWAY
STE 302
ISLAMORADA FL 33036
US**

Mailing Address

**P.O. BOX 545
ISLAMORADA FL 33036
US**

2. Principal Place of Business

21 **82670 OVERSEAS HWY.**

Suite, Apt. #, etc.

22 City & State
23 **ISLAMORADA, FL**

24 Zip **33036** 25 Country **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/05/1991

3a. Date of Last Report

07/19/1995

4. FEI Number

65-0281018

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHELDON, PATRIC
82670 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 typed in parentheses of registered agent or officer or director

Signature typed in parentheses of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SKROBECK, GARY**
STREET ADDRESS **161 E. RIDGE ROAD**
CITY-STATE-ZIP **ISLAMORADA FL**

TITLE **VPSD** ☐ DELETE
NAME **ANTRVEL, SHELDON**
STREET ADDRESS **82670 OVERSEAS HIGHWAY**
CITY-STATE-ZIP **ISLAMORADA FL**

TITLE **TD** ☐ DELETE
NAME **LAMAREN, GWEN A.**
STREET ADDRESS **1300 50TH STREET**
CITY-STATE-ZIP **WEST OSMOINES IA**

TITLE **D** ☐ DELETE
NAME **GREEN, DONALD E.**
STREET ADDRESS **533 LOVETTO AVENUE**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☒ Change ☐ Addition
2.2 NAME **VPSD**
2.3 STREET ADDRESS **SHELDON, PATRIC**
2.4 CITY-STATE-ZIP **82670 OVERSEAS HIGHWAY**
2.5 CITY-STATE-ZIP **ISLAMORADA, FL 33036**

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **GREEN, DONALD E.**
4.4 CITY-STATE-ZIP **533 LOVETTO AVENUE**
CORAL GABLES, FL 33146

5. TITLE ☐ Change ☐ Addition
5.2 NAME **600001843716**
5.3 STREET ADDRESS **-05/30/96--01013--012**
5.4 CITY-STATE-ZIP *****200.00**

6. TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (7)(3)(k), 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 registered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96

Exhibit to Form 1

CR2E034 (12/95)