FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59209 (4)

1. Corporation Name
GULFSTREAM SURFSKIS, INC.

Principal Place of Business
1219 WEST NEW HAMPSHIRE ST
ORLANDO FL 32804

Mailing Address
1219 WEST NEW HAMPSHIRE ST
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business
21 545 DELANEY AVE
Suite, Apt. #, etc. 22 BLDG 6
City & State 23 ORLANDO FL
Zip 24 32801 Country 25

2a. Mailing Address
26 PO BOX 2501
Suite, Apt. #, etc. 27
City & State 28 ORLANDO FL
Zip 29 32802 Country 30

4. FEI Number: 59-3070772 — 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
WETTSTEIN, THEODORE A.
1215 LOUISIANA AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name: JOHN L WEBB
82 Street Address (P.O. Box Number is Not Acceptable): 545 DELANEY AVE
83 BLDG 6
84 City: ORLANDO FL 85 Zip Code: 32801

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: JOHN L WEBB — 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	IRELAND, KENNETH S.	1.2 NAME	
STREET ADDRESS	1219 W NEW HAMPSHIRE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, WINFORD H.	2.2 NAME	
STREET ADDRESS	1219 W NEW HAMPSHIRE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WETTSTEIN, THEODORE A.	3.2 NAME	
STREET ADDRESS	1316 READING DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, JOHN L.	4.2 NAME	
STREET ADDRESS	1219 W NEW HAMPSHIRE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TRAMELL, JOE B.	5.2 NAME	
STREET ADDRESS	1219 W NEW HAMPSHIRE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 119.07(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 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.

SIGNATURE: JOHN L WEBB — 4/13/95 — 407-872-7915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0584474 CP