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**

| DOCI | JMENT # S63799 |) | - | 02-03-1999 90005 03 | i4 ***150.00 |
|---|--|--|------------------------------------|--|--|
| MIKE | MEYER SKIMBOARDS, INC. | | | | |
| | | | | 4 (30)(3) | A 1821 A1811 A2812 B1821 A1811 A2841 A1811 2881 |
| | | | | | |
| | ace of Business | Mailing Address | | I SENTERE THE BILLE SULL SULL INDIVIDUALITY | y nani grats asasi alahi didih alahi didik 1885 |
| 101 ELLIS RD 101 ELLIS RD DESTIN FL 32541 US US 101 ELLIS RD DESTIN FL 32541 US | | | | | • |
| | | | | DO NOT WINE | |
| • | | 03 | | | E IN THIS SPACE |
| | - | • . | | 3. Date Incorporated or Qualifed 06/27/1991 | |
| 2. Principa | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 26 | | • | 59-3076821 | Not Applicable | |
| | ot. #, etc. | Suite, Apt. #, etc. | | | - \$8.75 Additional |
| 22 | | 27 | | 5. Certifcate of Status Desired | Fee Required |
| City & S | tate | City & State | | 6. Election Campaign Financing | □ \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country | Zip | Country | 8. This corporation owes the current | nt year Intangible |
| 24 | 9. Name and Address of Curre | 29 | 30 | Personal Property Tax. | ☐ Yes X No |
| | - Name and Address of Culter | ; registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent |
| , and ME | YER. MIXE | | | • | |
| 135 ELLIS ROAD | | | 82 Street Add | ress (P.O. Box Number is Not Acceptabl | ie) . |
| DE | STIN FL 32541 | | 83 | | The state of the s |
| | | | | | |
| | | | 84 City | The state of the s | 85 Zip Code |
| 11. Pursuar | nt to the provisions of Sections 607.050 | 2 and 607.1508 Florida Statute | es the above-named corn | oration submits this statement for the pu | FL 13 25 5666 |
| office or agent. I | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was at | thorized by the corporation | oration submits this statement for the pu on's board of directors. I hereby accept t | the appointment as registered |
| SIGNATURE | | 110113 01, 00011011 007.0303, 1 101 | ida Statutes. | | |
| | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: | Registered Agent signature require | d when reinstating) | DATE |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 |
| TTLE | DPS MEVED MILE | ☐ DELETE | 1.1 TITLE | Mary of Jana | ☐ Change ☐ Addition |
| NAME . | MEYER, MIKE | | 1.2 NAME | | |
| STREET ADDRES | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DESTIN FL | —————————————————————————————————————— | 1.4 CITY-ST-ZIP | | |
| TITLE | NEVED ANYE | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | MEYER, MIKE 101 ELLIS RD | | 2.2 NAME | | |
| STREET ADDRES | DESTIN FL | | 2.3 STREET ADDRESS | | • |
| CITY-ST-ZIP | DESTIN FL | D DELETE | 2.4 CITY-ST-ZIP | | |
| NAME TO STATE | | ☐ DELETE | 3.1 TITLE | • | ☐ Change ☐ Addition |
| 1 4 | | | 3.2 NAME | · | |
| CITY-ST-ZIP | PARL SOUT | • | 3.3 STREET ADDRESS | | The state of the s |
| TITLE | | ☐ DELETE | 3.4. CITY-ST-ZIP | | |
| NAME | | | 4.1 TITLE | \$ 152 TH 1 1 1 1 1 1 1 | Change Addition |
| STREET ADDRESS | | | 4.2 NAME | | |
| CITY-ST-ZIP | | | 4.3 STREET ADDRESS | | |
| mre | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Choose Dades |
| VAME | | | 5.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | 10.004 | | 5.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | 063 | | 5.4 CITY-ST-ZIP | But But to | |
| TITLE | Bitter of the Ve | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| | F 47. 013 0 190 | | | | I I CHANGE I I MUCHENNI I |
| NAME | AG. EVAIS TO DESTOLAT | | 6.2 NAME | | |

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:

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

850-837-0178