PhORT ION ANNUAL REPORT IN CONCENT OF CONCENTRATION OF STATE IN CONCENTRATION OF CONCENTRATIONS OF CON				TER MAY 1S	· _ · · · · · · · · · · · · · · · · · ·	
1998       Division or componentions         DOCUMENT # S64641       (1)         DAYES OUTDOORS, INC.       (1)         Dayers outbooks, INC.       (1)				<b>8</b> 1		Mar 23 1998 8:00am
DAYE'S OUTDOORS, INC.         Incipal Place of Business       Mailing Address         Ittoo Si w. 40 St.       Mailing Address         Mailing Address       Do NOT WITE: IN THIS SPACE         St. Mail R, 2016       St. Mailing Address         Principal Place of Business       St. Mailing Address         LOS SY, 40 St.       Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         St. Status       St. Status         Principal Flace of Business       St. Mailing Addresse         LOS SY, 40 St.       St. Status         Million MI, FL, 33/LGS       St. Mailing Addresse         JOHNSON, DAVID R,       St. Status         JOHNSON, DAVID R,       St. Status         Mailing of provisions of Socians 607 EXC/2 and EX7 1105. Florids Status Address of New Stagettered Agent         It in provisions of Socians 607 EXC/2 and EX7 1105. Florids Status Address of New Stagettered Agent         JOHNSON, DAVID R,       Its Status Address of New Stagettered Agent         JOHNSON, DAVID R,       Its Status Address of New Stagettered Agent         JOHNSON, DAVID R, <th></th> <th></th> <th></th> <th>7</th> <th>•</th> <th>Secretary of State</th>				7	•	Secretary of State
DAYE'S OUTDOORS, INC.         Incipal Place of Business       Mailing Address         Ittoo Si w. 40 St.       Mailing Address         Mailing Address       Do NOT WITE: IN THIS SPACE         St. Mail R, 2016       St. Mailing Address         Principal Place of Business       St. Mailing Address         LOS SY, 40 St.       Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         LOS SY, 40 St.       St. Mailing Address         St. Status       St. Status         Principal Flace of Business       St. Mailing Addresse         LOS SY, 40 St.       St. Status         Million MI, FL, 33/LGS       St. Mailing Addresse         JOHNSON, DAVID R,       St. Status         JOHNSON, DAVID R,       St. Status         Mailing of provisions of Socians 607 EXC/2 and EX7 1105. Florids Status Address of New Stagettered Agent         It in provisions of Socians 607 EXC/2 and EX7 1105. Florids Status Address of New Stagettered Agent         JOHNSON, DAVID R,       Its Status Address of New Stagettered Agent         JOHNSON, DAVID R,       Its Status Address of New Stagettered Agent         JOHNSON, DAVID R, <th>OCUN</th> <th></th> <th>S64641</th> <th>(1)</th> <th></th> <th></th>	OCUN		S64641	(1)		
Main program     Main productions     Main productions       JAM F 33165     11300 S W. 40 ST. MAN F 33165     11300 S W. 40 ST. MAN F 33165     11300 S W. 40 ST. MAN F 33165       S     Product of Business     12     Main productions     12       Product of Business     12     Main productions     12       City 5 Static     12     Main productions     12       City 5 Static     12     Main productions     12       City 5 Static     12     City 5 Static     12       City 5 Static     12     City 5 Static     12       City 5 Static     12     23     12       20     Country     37.65     20       20     Country     37.65     20       20     Country     37.65     20       30.165     13     12     110       13000 S.W. 40 ST.     110     Country     12       13000 S.W. 40 ST.     111     111     111       13000 S.W. 40 ST.     12     State Address of Country     12       13000 S.W. 40 ST.     13     12     State Address of Country     16       13000 S.W. 40 ST.     13     111     111     111       13000 S.W. 40 ST.     13     12     State Address of Country     13 <t< td=""><td></td><td></td><td>, INC.</td><td>( )</td><td></td><td></td></t<>			, INC.	( )		
Maining Address     Maining Address       MAR 1, 39165     11300 SW. 40 ST. MAIN R, 39165     11300 SW. 40 ST. MAIN R, 39165       S     S <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
IAMA FL 32165         MAMI FL 32165         DO NOT WHITE IN THIS SPACE           S         Date Incorporated or Qualified         OURQUISES           Principal Flace of Business         24         Maning Andreas	ncipal Place	e of Business		Mailing Address		
S         US         Boats         Boats <thboats< th=""> <thboats< th="">         Boats<td></td><td></td><td></td><td></td><td></td><td></td></thboats<></thboats<>						
Principal Place of Business       2a. Mailing Address       Principal Place of Business       Applied For.         I/O.S.Y/       Suite, Apl. 4, etc.       2a. (D.S.Y/)       Suite, Apl. 4, etc.       bite Applied For.         Soite, Apl. 4, etc.       2a. (D.S.Y/)       Suite, Apl. 4, etc.       bite Applied For.       bite Applied For.         City & State       7a.       City & State       bite Applied For.       bite Applied For.         City & State       7a.       City & State       bite Applied For.       bite Applied For.         2a.       2a.       2a.       2a.       3a./6.5       bite Applied For.       bite Applied For.         2b.       Control       7b.       Control       Added to Fees.       bite Applied For.         2b.       Control       7b.       Control       8.       bite Applied For.         3b.       Control       7b.       Control       8.       bite Applied For.         3b.       Control       7b.       Control       8.       bite Applied For.         3b.       Control       7b.       Control       7b.       Control       7b.         3b.       Control       7b.       Control       7b.       Control       7b.       Control       7b. <tr< td=""><td></td><td>0)</td><td></td><td></td><td></td><td></td></tr<>		0)				
Proceed Fusions       24       Mailing Address       4. FEI Number       Image: Control of Control						
Suite Apl. 4, etc. Suite Apl. 4,	·		6-2	1 *	54 52 St	4. FEI Number Applied For
bity & State       product       product </td <td></td> <td></td> <td><u> </u></td> <td></td> <td></td> <td>5. Certificate of Status Desired \$8.75 Additional</td>			<u> </u>			5. Certificate of Status Desired \$8.75 Additional
Image: Miles may be an approximate and approximate	Tity & State	·				Fee Required
33/465         28         Arg         [9]         33/465         30         Personal Property Tax due subme 30.         Mot         No           9. Name and Address of Current Registered Agent         10. Name and Address of Now Registered Agent         10. Name and Address of Now Registered Agent         10. Name and Address of Now Registered Agent           JOHNSON, DAVID R.         11300 S.W. 40 ST.         61         Name         76. Sock Numbel is Not Acceptable         82         Street Address (P.O. Soc Numbel is Not Acceptable)         83           84         City         Manuel         FL         165         20. Code         57.7           84         City         Manuel         FL         165         20. Code         57.7           84         City         Manuel         10. Status of Florids. Status of Provide Status of Coles Florids Status of Flori			33165	h		
19. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     11300 SUX. 40 ST.     11305 SUX. 40 ST.     11005 SUX. 40 ST.     110	•				Country	
Some Solver, DAVID F.     11300 S.W. 40 ST.     MIANI FL 33165      Solver Address (P.O. Box Number is Not Acceptable)     Solver Address (P.O. Box Number is Not Acceptabl						
MIANI FL 33165       Image: Signed Sign			R.			JOHNSON DONID R.
Bit         City         Image: C	113					
Persuant to the provisions of Sociens 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its opsistered agent. an statement to the purpose of changing its opsistered agent. an statement with and accept the obligations of, Societina Statutes, statement of of directors. I hereby accept the appointment as registered agent. an statement to the purpose of changing its opsistered agent. an statement to the purpose of changing its opsistered agent. and statement to the purpose of changing its opsistered agent. an statement as registered agent. and statement to the purpose of changing its opsistered agent. and statement to the purpose of changing its opsistered agent. and statement to the purpose of change its opsistered agent. and statement of the state of power applications of society in the statement of the state of the obligations of society in the statement of the state of the obligation and statement of the statement of the state of the obligations of society in the statement of the state of the obligation and statement of the s					82 Street A	Address (P.O. Box Number is Not Acceptable)
Descent to the provide agent, or both, in the Site of Florida Statutes, the above-named component submitted line of lin						Address (P.O. Box Number is Not Acceptable)
E PD DELETE DELETE 11 TITLE Change Addition Addition S.W. 40 ST	MIA	MI FL 33165	1 Sections 607.0502	and 607, 1508, Florida S	83 84 City	Address (P.O. Box Number is Not Acceptable) 105415645257: MIRMI EL BS Zip Code 33165 corporation submits this statement for the purpose of changing its registered
I1300 S.W. 40 ST       13 STREET ADDRESS         -S1-2/P       14 C(TV-S1-2)P         E       DELETE         IF ADDRESS       22 NAME         ET ADDRESS       23 STREET ADDRESS         -S1-2/P       24 C(TV-S1-2)P         E       23 STREET ADDRESS         -S1-2/P       24 C(TV-S1-2)P         E       23 STREET ADDRESS         -S1-2/P       2.4 C(TV-S1-2)P         E       3 STREET ADDRESS         -S1-2/P       2.4 C(TV-S1-2)P         E       3 STREET ADDRESS         -S1-2/P       2.4 C(TV-S1-2)P         E       3 STREET ADDRESS         -S1-2/P       4.1 TITLE         E       DELETE         -S1-2/P       4.1 TITLE         E       DELETE         -S1-2/P       -         -S1-2/P       -         E       DELETE         -S1-2/P       -         E       S STREET ADDRESS         -S1-2/P       -         E       -	MIA Pursuant ti office or re agent. I ar sNATURE	MIFL 33165 to the provisions o ogistered agont, o m familiar with, an	r both, in the State of d accept the obligation of name of registered agent	Florida, Such change v ons of, Section 607.050 and tille II applicable.	83 84 City Itatules, the above-named was authorized by the corp 5, Florida Statutes.	Address (P.O. Box Number is Not Acceptable) O 5 4/ SW 5 2 57: MIAMI Corporation submits this statement for the purpose of changing its registered for ation's board of directors. I hereby accept the appointment as registered required when reinstaling) DATE
Addition         E         E         CF ADDRSS         S3 TRE CT ADDRSS <td>MIA Pursuant ti office or re agent. I ar SNATURE</td> <td>MI FL 33165 to the provisions o poistered agent, o in familiar with, an Stgnature, typed or press PD</td> <td>r both, in the State of d accept the obligation of name of registered agent OFFICERS AND</td> <td>Florida, Such change v ons of, Section 607.050 and title II applicable. DIRECTORS</td> <td>83 84 City Itatules, the above-named was authorized by the corp 5, Florida Statutes. (NOTE Registered Agent signature 13,</td> <td>Address (P.O. Box Number is Not Acceptable) O 5 4/ SW 5 2 57:</td>	MIA Pursuant ti office or re agent. I ar SNATURE	MI FL 33165 to the provisions o poistered agent, o in familiar with, an Stgnature, typed or press PD	r both, in the State of d accept the obligation of name of registered agent OFFICERS AND	Florida, Such change v ons of, Section 607.050 and title II applicable. DIRECTORS	83 84 City Itatules, the above-named was authorized by the corp 5, Florida Statutes. (NOTE Registered Agent signature 13,	Address (P.O. Box Number is Not Acceptable) O 5 4/ SW 5 2 57:
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AE       5.2 NAME         EET ADDRESS       5.3 STREET ADDRESS         (-S1-2)P       5.4 CITY-ST-2)P         E       DELETE         6.1 TITLE       Change         Addition         AE         6.2 NAME         6.3 STREET ADDRESS         (-ST-2)P         6.3 STREET ADDRESS         (-ST-2)P         6.4 CITY-ST-2)P         6.4 CITY-ST-2)P         6.4 CITY-ST-2)P         I horeby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	MIA Pursuant to office or re- agent, I ar SNATURE E E E E E E E E E E E E E	MI FL 33165 to the provisions of ogistered agent, o m familiar with, an Stgnature, typed or period PD JOHNSON, E 11300 S.W. 4	r both, in the State of d accept the obligation of name of registered agent i OFFICERS AND AVID R.	Florida, Such change v ons of, Section 607.0503 and tile Il applicatile. DIRECTORS	B3       B4     City       B4     City       B4     City       B4     City       B5     Florida Statutes.       INOTE     Registered Agent signature       13     1.1 TITLE       12     NAME       13     STREET ADDRESS       1.4 CITY - ST - ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY - ST - ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY - ST - ZIP       4.1 TITLE       4.2 NAME	Address (P.O. Box Number is Not Acceptable)
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E DELETE 6.1 TITLE Change Addition E 6.2 NAME 6.3 STREET ADDRESS -ST - ZIP 6.4 CITY-ST - ZIP 1 horeby 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	MIA Pursuant t office or re agent. I ar sNATURE E E E E E E E E E E E E E E E E E E	MI FL 33165 to the provisions of ogistered agent, o m familiar with, an Stgnature, typed or period PD JOHNSON, E 11300 S.W. 4	r both, in the State of d accept the obligation of name of registered agent i OFFICERS AND AVID R.	Florida. Such change v ons of, Section 607.0503 and tile II applicatio. DIRECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE	B3       B4     City       B5     Florida Statutes.       INOTE     Registered Agent signature       13     STRET ADDRESS       14     City - ST - ZiP       21     TITLE       22     NAME       23     STREET ADDRESS       2.4     City - ST - ZiP       3.1     TITLE       32     NAME       33     STREET ADDRESS       34     City - ST - ZiP       4.1     TITLE       4.2     NAME       4.3     STREET ADDRESS       4.4     City - ST - ZiP       5.1     TITLE	Address (P.O. Box Number is Not Acceptable)
E 62 NAME ET ADDRESS -ST-ZIP 64 CITY-ST-ZIP Thereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	MIA Pursuant to office or re agent. I ar NATURE E Et ADDRESS -ST-2IP E ET ADDRESS -ST-2IP E ET ADDRESS -ST-2IP E ET ADDRESS -ST-2IP E ET ADDRESS -ST-2IP	MI FL 33165 to the provisions of ogistered agent, o m familiar with, an Stgnature, typed or period PD JOHNSON, E 11300 S.W. 4	r both, in the State of d accept the obligation of name of registered agent i OFFICERS AND AVID R.	Florida. Such change v ons of, Section 607.0503 and tile II applicatio. DIRECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE	B3       B4     City       B4     City       B4     City       B4     City       B4     City       B3     B4       B3     B4       B3     B4       City       B3       B3       B4     City       B3     B4       B3     B4       B3       B3       B3       B4       B5       B5       B6       B7       B1       B2       B3	Address (P.O. Box Number is Not Acceptable)
64 CITY-ST-ZIP 1 hereby certify that the information supplied with this tiling does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	MIA Pursuant to office or re- agent, I ar- agent, I ar- sNATURE E E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E E ADDRESS (-S1-ZIP) E E E E ADDRESS (-S1-ZIP) E E E E ADDRESS (-S1-ZIP) E E E ADDRESS (-S1-ZIP) E E E ADDRESS (-S1-ZIP) E E E ADDRESS (-S1-ZIP) E E ADDRESS (-S1-ZIP) E E ADDRESS (-S1-ZIP) E E ADDRESS (-S1-ZIP) E E ADDRESS (-S1-ZIP) E ADDRESS (-S1-ZIP) E E ADDRESS (-S1-ZIP) E E ADDRESS (-S1-ZIP) E ADDRESS (-S1-ZIP) E ADDRESS (-S1-ZIP) E ADDRESS (-S1-ZIP) E ADDRESS (-S1-ZIP) E ADDRESS (-S1-ZIP) (-S1-ZIP) E ADDRESS (-S1-ZIP) (-S1-ZIP	MI FL 33165 to the provisions of ogistered agent, o m familiar with, an Stgnature, typed or period PD JOHNSON, E 11300 S.W. 4	r both, in the State of d accept the obligation of name of registered agent i OFFICERS AND AVID R.	Florida. Such change v ons of, Section 607.0503 and tile II applicatio.  DIRE CTOHS  DIRE CTOHS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	B3       B4     City       B4     City       B4     City       B4     City       B4     City       B4     City       B3     B4       B3     B4       B3     B4       B3     B4       B3     B4       City     B3       B3     B4       B3     B4       B3     B4       B3     B3       B3     B4       B3     B4       B3     B4       B4     City       B4     B4       B5     B4       B4     B4       B4	Address (P.O. Box Number is Not Acceptable)
- I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information	MIA • Pursuant to office or re agent. I arr GNATURE • • • • • • • • • • • • •	MI FL 33165 to the provisions of ogistered agent, o m familiar with, an Stgnature, typed or period PD JOHNSON, E 11300 S.W. 4	r both, in the State of d accept the obligation of name of registered agent i OFFICERS AND AVID R.	Florida. Such change v ons of, Section 607.0503 and tile II applicatio.  DIRE CTOHS  DIRE CTOHS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	B3       B4     City       Redules, the above-named       was authorized by the corp       5, Florida Statutes.       INOTE Registered Agent signature       13.       1.1 TiTLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP	Address (P.O. Box Number is Not Acceptable)
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