Mailing Address

1147 CACTUS CUT RD MIDDLEBURG FL 32068

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V35075

PAINTBALL PLUS, INC.

Principal Place of Business 1147 CACTUS CUT RD

MIDDLEBURG FL 32068

Suite, Apt. #, etc.

City & State

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Zip

SIGNATURE

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/08/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-3115421 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes the current year Intangible XΝο 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BERLIN, RONALD W 82 Street Address (P.O. Box Number is Not Acceptable) 1147 CACTUS CUT RD MIDDLEBURG FL 32068 83 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition □ DELETE 1.1 TITLE BERLIN, RONALD 1.2 NAME 1147 CACTUS CUT RD 1.3 STREET ADDRESS MIDDLEBURG FL 32068 1.4 CITY-ST-ZIF

CITY-ST-ZIP + 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 an an attachment with an address, with all other like empowered.

2.1 TITLE

2.2 NAME

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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4.4 CITY-ST-ZIP

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6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2 4 CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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771-6100

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Apr 16, 1999 8:00 am Secretary of State

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