

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-5-1-96 B-6321 XC

DOCUMENT # **P93000033847 (3)**

1. Corporation Name
SHOOTER AQUATICS, INCORPORATED



Principal Place of Business: P.O. BOX 74, FAIRFAX STATION VA 22039, US
Mailing Address: 22300 TACKETTS MILL DR, WOODBRIDGE VA 22192, US

3. Date Incorporated or Qualified: **05/07/1993**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **65-0418703**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: **3152 Delburne Ct.**
27. Suite, Apt. #, etc.
28. City & State: **Fairfax, VA.**
29. Zip: **22031**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**POST, RUSSEL J.
A-13 BREZZY PINE TRAILER PARK
BIG PINE KEY FL 33043**

10. Name and Address of New Registered Agent
B1. Name: **STEINKAMP, Susan**
B2. Street Address (P.O. Box Number is Not Acceptable): **#4 Independence Ave.**
B3.
B4. City: **Big Pine Key**
B5. Zip Code: **FL 33043**

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Susan Steinkamp* (Susan Steinkamp) 5-1-96
Signature, typed or printed name of registered agent, if applicable. (Typed or printed name of registered agent is required when appointing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SINTON, ROBERT S	
STREET ADDRESS	5877 JACKSON OAK CT.	
CITY-ST-ZIP	BURKE BA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SINTON, Robert	
13 STREET ADDRESS	3152 Delburne Ct.	
14 CITY-ST-ZIP	Fairfax, VA 22031	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(a), 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: *Robert S. Sinton* 4/27/96 703-640-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)