


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90041 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002829**

1. Corporation Name  
**GOOD SPORTS, INC.**

Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126 US	Mailing Address 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/21/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0426502
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  KALLICHE, ANTHONY A 5201 BLUE LAGOON DRIVE 100 MIAMI FL 33126	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLICHE, ANTHONY A	1.2 NAME	
STREET ADDRESS	5201 BLUE LAGOON DRIVE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIT, RICHARD H	2.2 NAME	
STREET ADDRESS	3111 STIRLING ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNE, STEVEN	3.2 NAME	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, JOSEPH	4.2 NAME	
STREET ADDRESS	750 S.E. 3RD AVE. 2510 Golf View Dr.	4.3 STREET ADDRESS	2510 Golf View Dr.
CITY-ST-ZIP	FT. LAUDERDALE FL Weston FL 33327	4.4 CITY-ST-ZIP	Weston, FL 33327
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED: *Kalliche, Pres. 1/4/99 (305) 434-3647*

CR2E037 (1/198)