

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003623 (6)

1. Corporation Name
S.M.A.R.T. SPORTS, INC.



Principal Place of Business: **1125 N.W. 126 COURT MIAMI FL 33182**
 Mailing Address: **P.O. BOX 431142 MIAMI FL 33243**

3. Date Incorporated or Qualified: **08/10/1993**
 3a. Date of Last Report: **11/14/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
 4. FEI Number: **65-0476222**
 Applied For: Not Applicable
 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

9. Name and Address of Current Registered Agent
**LEROY, DOMINIQUE D
 169 E. FLAGLER
 SUITE 1428
 MIAMI FL 33131**
 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD LANDRY, KELLY <input type="checkbox"/> DELETE | 1.1 TITLE | D Morris, Bernadette <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1125 N.W. 126 CT | 1.2 NAME | 888 N.E. 126th Ct. |
| STREET ADDRESS | MIAMI FL 33182 | 1.3 STREET ADDRESS | Miami, FL 33161 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | TD BAKER, KATRINA D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D Simms, Leah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 201 S. BISCAYNE BLVD, 1500 MIAMI CENTER | 2.2 NAME | 67 N.E. 94th St. |
| STREET ADDRESS | MIAMI FL | 2.3 STREET ADDRESS | Miami, FL 33138 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | SD HILLIARD, ANTHONY <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D Champion, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1900 GLADES RD., SUITE 355 | 3.2 NAME | 6545 N.W. 36th St. - Suite 114 |
| STREET ADDRESS | BOCA RATON FL | 3.3 STREET ADDRESS | Miami, FL 33158 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D Cohen, Alan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | 150 W. Flagler St. - Suite 2600 |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Miami, FL 33130 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D Fuller, Laphalle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 14545 S.W. 82nd Ave. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Miami, FL 33158 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | D Chism, Pam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | FUNB - 1541 Sunset Dr. |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Coral Gables, FL 33143 |
| CITY-ST-ZIP | | 6.4 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)(k), 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 on an attachment with an address.

SIGNATURE: Kelly L. Landry Kelly L. Landry 7/10/96 (305) 229-0139
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

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McKendrick, Amy
3824 N.W. 121 Ave.
Ft. Lauderdale, FL 33021