NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9400004674

Corporation Name

:2

THE ALL SPORTS ASSOCIATION, INC.

Principal Place of Business
151 MARY ESTHER BOULEVARD
SUITE 301J
MARY ESTHER FL 32569

Mailing Address

P.O. BOX 2591 SUITE 301J

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FT WALTON BEACH FL 32549

US

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90024 050 ****61.25





Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

09/19/1994

59-3224296

4. FEI Number

agent. I am familiar, with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE DELETE 1.1 TITLE NAME SHAW, TIM STREET ADDRESS P.O. BOX 1510 N/A TITLE D TITLE D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS SHALLON BEACH FL 1.4 CITY-ST-ZIP SHALLON BEACH FL TITLE D NAME CAMPBELL, JAMES C STREET ADDRESS 913 SARA DRIVE ONTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) DATE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SHALLON BRASSELL, Thomas S 220 Yach+ Club DR 23 STREET ADDRESS 220 Yach+ Club DR	85 Zip Co	egistered		
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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 certificated 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				

Country

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 on an attachment with an address, with all other like empowered.

GNATURE: PREMISSIE RETHOMASIS. BO

7/1/99

850-243 3148 aylime Provid # 8 CR2E037 (5/99)