

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.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N95000003914 (7)

1. Corporation Name
SINNET SPORTS CLUB, INC.



Principal Place of Business: **3645 JERICHO DR. CASSELBERRY FL 32707**
 Mailing Address: **3645 JERICHO DR. CASSELBERRY FL 32707**

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

2. Principal Place of Business
 21 **7205 Curryford Road**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **7205 Curryford Road**
 Suite, Apt. #, etc.

4. FEI Number Applied For
 Not Applicable

22 City & State
 23 **ORLANDO, FL**

27 City & State
 28 **ORLANDO, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **32822**
 25 Country **ORANGE**

29 Zip **32822**
 30 Country **ORANGE**

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

PRYCE, TREVOR
3645 JERICHO DR.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent
 81 Name **KARL SUTHERLAND**
 82 Street Address (P.O. Box Number is Not Acceptable)
1896 LAKE HILL CIRCLE
 83
 84 City **ORLANDO** **FL** 85 Zip Code **32818**

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 *Karl G. Sutherland* **PRESIDENT**

DATE **7/1/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SUTHERLAND, KARL | |
| STREET ADDRESS | P.O. BOX 162797 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | COMRIE, ARTHUR | |
| STREET ADDRESS | P.O. BOX 162797 | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SAUNDERS, MICHAEL | |
| STREET ADDRESS | P.O. BOX 162797 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CROOKS, BARRY | |
| STREET ADDRESS | P.O. BOX 162797 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716 | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1896 LAKE HILL CIRCLE |
| 1.4 CITY-ST-ZIP | ORLANDO, FL 32818 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 7205 Curryford Road |
| 2.4 CITY-ST-ZIP | ORLANDO FL 32822 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: *Karl G. Sutherland* **REQUIRED**

DATE **7/1/96**

DAYTIME PHONE # **(407) 356-5782**

CR2E037 (3/96)