

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90115 019 \*\*\*150.00

PROFIT 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 # P15975**

1. Corporation Name  
**SPORTS SHINKO (FLORIDA) CO., LTD.**

Principal Place of Business %C T CORPORATION SYSTEM 3200 STATE ROAD 546 GRENELEFE FL 33844	Mailing Address %C T CORPORATION SYSTEM 3200 STATE ROAD 546 GRENELEFE FL 33844
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/15/1987</b>	
21		26		4. FEI Number <b>51-0302824</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 807.0502 and 807.1508, 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 807.0505, 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	T	<input type="checkbox"/> DELETE	1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUKUDA, TSUGIO		1.2 NAME	FUKUDA, TSUGIO	
STREET ADDRESS	#4-12 MANZAI-CHO		1.3 STREET ADDRESS	3-7 KANDA OGAWAMACHI SPORTS SHINKO BLDG.	
CITY-ST-ZIP	OSAKA, JAPAN		1.4 CITY-ST-ZIP	CHIYODA-KU, TOKYO 101 JAPAN	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINOSHITA, TAKESHI		2.2 NAME	KINOSHITA, TAKESHI	
STREET ADDRESS	#4-12 MANZAI-CHO		2.3 STREET ADDRESS	3-7 KANDA OGAWAMACHI SPORTS SHINKO BLDG.	
CITY-ST-ZIP	OSAKA, JAPAN		2.4 CITY-ST-ZIP	CHIYODA-KU, TOKYO 101 JAPAN	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINOSHITA, TOSHIO		3.2 NAME	KINOSHITA, TOSHIO	
STREET ADDRESS	#4-12 MANZAI-CHO		3.3 STREET ADDRESS	3-7 KANDA OGAWAMACHI SPORTS SHINKO BLDG.	
CITY-ST-ZIP	OSAKA, JAPAN		3.4 CITY-ST-ZIP	CHIYODA-KU, TOKYO 101 JAPAN	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARST, MANDY		4.2 NAME	SHAPPER, STEPHEN J.	
STREET ADDRESS	3200 STATE ROAD 546		4.3 STREET ADDRESS	3200 STATE ROAD 546	
CITY-ST-ZIP	GRENELEFE FL		4.4 CITY-ST-ZIP	GRENELEFE FL	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDRAN, DOMINIQUE J		5.2 NAME	LEEDKE, DOUG	
STREET ADDRESS	3200 STATE ROAD 546		5.3 STREET ADDRESS	3200 STATE ROAD 546	
CITY-ST-ZIP	GRENELEFE FL		5.4 CITY-ST-ZIP	GRENELEFE FL	
TITLE	DV	<input type="checkbox"/> DELETE	6.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAMOTO, IWANE		6.2 NAME	YAMAMOTO, IWANE	
STREET ADDRESS	#41-21 MANZAI-CHO		6.3 STREET ADDRESS	3-7 KANDA OGAWAMACHI SPORTS SHINKO BLDG.	
CITY-ST-ZIP	OSAKA JA		6.4 CITY-ST-ZIP	CHIYODA-KU, TOKYO 101 JAPAN	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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.

SIGNATURE:  **STEPHEN J. SHAPPER** Date: **3/29/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)