

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000060153 (2)

1. Corporation Name

SPORTACRES DEVELOPMENT GROUP, INC.



Principal Place of Business

Mailing Address

2720 CORAL WAY
MIAMI FL 33145
US

2720 CORAL WAY
MIAMI FL 33145
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0444176

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

10. Name and Address of New Registered Agent

SCHLOSBERG, DAVID I
2720 CORAL WAY
MIAMI FL 33145

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director who is authorized to file this report

Date the Registered Agent signed this report after filing

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNAN, WILLIAM J	1.2 NAME	
STREET ADDRESS	2720 CORAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33145
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MYER	2.2 NAME	
STREET ADDRESS	2720 CORAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33145
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, HECTOR O	3.2 NAME	
STREET ADDRESS	2720	3.3 STREET ADDRESS	Coral Way
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	33145
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSBERG, DAVID I	4.2 NAME	
STREET ADDRESS	2720 CORAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	33145
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	400001887514
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-07/09/96--01069--026 ***25.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	600001887516
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-07/09/96--01069--027 ***200.00/0996 OR

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Heffernan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM J. HEFFERNAN, President, Director

6/19/96

(305) 448-6500

CR2E034 (12/95)