## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000065790

1. Corporation Name

ALL SPORTS USA, INC.

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90029 011 \*\*\*150.00



				`						
Principal Place of Business Mailing Address						- -	H BUIRT UDALU DI		# (E()  BEI  1881	
55 W. CHURCH STREET. SUITE 180 55 W. CHURCH STREET. SUIT ORLANDO FL 32801 ORLANDO FL 32801				re 180			•			
				Ļ			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 08/23/1995			
2. Principal Pl	ace of Business	2a. M	ailing Address				4. FEI Number			applied For
21 - ~	<u> </u>	26		<u> </u>			59-3332508		<del></del>	lot Applicable
Suite, Apt.	#, etc.	27 Sı	uite, Apt. #, etc.				5. Certifcate of Status Desired		7	Additional Required
City & State City & State						6. Election Campaign Financing	П	\$5.00	May Be	
23	<u></u>	28					Trust Fund Contribution	<u> </u>	Added	to Fees
Žip	Country	L Zi	·	_ Country	/		8. This corporation owes the curre	-		<b>₩</b>
24	25	29	30	0			Personal Property Tax.		☐ Yes	ĬNo
	9. Name and Address of Cur	rrent Register	ed Agent	81	T Name		10. Name and Address of New Ro	egistered A	gent	
einn	IUIII GHYHYB			61	Name					
SIDDIQUI, SHAHAB				82	Street	Addre	ss (P.O. Box Number is Not Acceptate	ole)		
8085 CADIZ CT. ORLANDO FL 32836				_	<u>.                                    </u>			-		
UND	4NDO LE 25020			83	1					
				84	City				85 Zip	Code
					l .			<u>FĻ</u>		
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida.	Such change was auti	norized by	tne comp	l corpo oration	ration submits this statement for the parties board of directors. I hereby accept	the appoin	nanging it tment as r	egistered
SIGNATURE			\			<del></del>		DATE		\
	Signature, typed or printed name of registered	agent and title if ap		13.	nt signature	required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
12.	D	AND DIRECT	DELETE	1.1 TITLE		D	ADDITIONS OF ANOLO TO SEE	IOLINO FUN	Change	
TITLE	SIDDIQUI, SHAHAB		CD 0220.4	1.2 NAME		Sie	DE LOVI SHAHAB			
NAME	8085 CADIZ CT. N				TADORESS	64	120 Mencidith E	irin 1	_ane	_
STREET ADDRESS	ORLANDO FL			1.4 CITY-3			KLANDO FL	3281	9	
CITY-ST-ZIP	VP VP		DELETE	2.1 TITLE	51+ZIF		1.9	<u> </u>	Change	Addition
TITLE	SIDDIQUI, MOHMMAD MOH	TAS		2.2 NAME		5	(AMMKON , UPICA)	+	-	
NAME	8085 CADIZ CT. N	IIAU			T ADDRESS	1 .	220 mercidity	Srin	Ln	
- STREET ADDRESS	ORLANDO FL			2.4 CITY-	~		KLANDO FL 3			
CITY-ST-ZIP	Treasurer		DELETE	3.1 TITLE	<u> </u>	-	TREASUER	•	Change     Ch	Addition
NAME	Sabeeha Sim		_	3.2 NAME		1 4	innimui sabee	'A M		
STREET ADDRESS	scheena > 131	DIWOI		1	T ADDRESS	1 6	100 Merridith C	vin L	سلد	ļ
CITY-ST-ZIP				3.4. CITY-			ORLANDO R 3	2819	)	}
TITLE			☐ DELETE	4.1 TITLE					Change	e Addition
NAME				4. 2 NAME						-
STREET ADDRESS				4.3 STREE	T ADDRESS	;				
CITY-ST-ZIP	,			4.4 CITY-						
TITLE	·		DELETE	5.1 TITLE		T			Change	e Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS	:				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE					☐ Change	e Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	ET ADDRESS	:				
CITY-ST-ZIP				6.4 CITY-	ST-ZIP					

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 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, with all pither like empowered.

**SIGNATURE:** 

NAME OF SIGNING OFFICER OR DIRECTOR