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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

PROFIT Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000000796 (8) DOCUMENT # ALL SPORTS SHOP, INC. Principal Place of Business Mailing Address 4968 10TH AVENUE NO. 4968 10TH_AVENUE_NOT W. PALM BEACH FL 33463 W. PAKN BEACH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1995 4. FEI Number Applied For 6838 65-0632773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cips & State 6. Election Campaign Financing \$5,00 May Be breenacres reen Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FINK, HOWARD 4968 TOTH AVENUE NO. 82 Street Address (P.O. Box Number is Not Acceptable) 6838 Forest Will Blue W_PALM-BEACH_FL 33463 Creenacres fl 33413 Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions of Sections office or registered agent, agent. Lam familia with, a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607 0505, Florida Statutes. nesiden d when reinstating) ICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 Addition ħ DELETE ☐ Change TITLE 1.1 TITLE FINK, HOWARD 1.2 NAME NAME 4200 COMMUNITY DRIVE, #304 1.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33409 CITY-ST-ZiP 1.4 CITY-ST-ZIP DFLETE ☐ Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3 1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TUTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ☐ Change Addition DELETE 61 TITLE TITLE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Howard Rule 2/1/98

14. Thereby 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 auroral 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 adjuddress.

FILED