


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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION* ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000028548 1. Corporation Name New Century Sports, Inc.			
Principal Place of Business 1747 Meadowood St. Sarasota, FL 34231		Mailing Address Same	
2. Principal Place of Business 21 1747 Meadowood St. Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip 24 34231		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Same 28 City & State 29 Zip 30 USA	
3. Date Incorporated or Qualified 4/1/97			
4. FEI Number 58-2298863		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Molly Jackson 1747 Meadowood Street Sarasota, FL 34231		10. Name and Address of New Registered Agent 81 Name David W. Jackson 82 Street Address (P.O. Box Number is Not Acceptable) 1747 Meadowood St. 83 84 City Sarasota FL 85 Zip Code 34231	
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 David W. Jackson David W. Jackson 4/20/98 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President <input type="checkbox"/> DELETE NAME David W. Jackson STREET ADDRESS 1747 Meadowood St. CITY-ST-ZIP Sarasota, FL 34231		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE Vice President <input type="checkbox"/> DELETE NAME Molly G. Jackson STREET ADDRESS 1747 Meadowood St. CITY-ST-ZIP Sarasota, FL 34231		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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. SIGNATURE: David W. Jackson 4/20/98 941-921-3696 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)