FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90057 018 ***150.00

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 # P97000028548

NEW CE	ntury sports, inc.					
Bringing Blood	of Business	Mailing Address				
Principal Place of Business 1747 MEADOWOOD ST. SARASOTA FL 34231 US Mailing Address 1747 MEADOWOOD ST. SARASOTA FL 34231 US					DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualifed 03/28/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	****		4. FEI Number	Applied For
21		26			58-2298863	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· 	• • • • • • • • • • • • • • • • • • • •	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5:00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Count	ry	This corporation owes the current year Personal Property Tax.	ır Intangible ☐ Yes ☐ No
24	9. Name and Address of Curren		1301	·······	10. Name and Address of New Registe	red Agent
	o. Harro and Madreso or Janes.		8	1 Name		
1	kson, david w Meadowood St.		8	2 Street Add	fress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34231			8	3		
				4 City		FL 85 Zip Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	ites, the abo authorized b orida Statute	ve-named cor by the corporat es.	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE					and when reinstating) DATE	
				ent signature requir	ADDITIONS/CHANGES TO OFFICERS	
12.	P OFFICERS AN	DELETE	13.	: "	ADDITIONS/CHANGES TO CITIOETT	Change Addition
NAME	JACKSON, DAVID W	_	1.2 NAMI			
STREET ADDRESS	1747 MEADOWOOD ST.		1,3 STRE	ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY	-ST-ZIP	_	
TITLE	D	☐ DELETE 2.1				☐ Change ☐ Addition
NAME	JACKSON, MOLLY G		2.2 NAM	E		
STREET ADDRESS	1747 MEADOWOOD ST.		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		2. 4 CITY	-ST-ZIP		
TITLE	DELETE		3.1.11114			Change Addition.
NAME			3.2 NAM	E		}
STREET ADDRESS			3.3 STRE	ETADORESS		
CITY-ST-ZIP		P7		'-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	•	DELETE	4.1 TITLE			☐ Charge ☐ Addition
NAME			4. 2 NAM		•	}
STREET ADDRESS			1	ET ADDRESS		}
CITY-ST-ZIP		C) BCI CTC	4.4 CITY		<u></u>	Change Addition
IIITE .		☐ DELETE	5.1 TITLE 5.2 NAM			C) outside C) vegingi
NAME				EET ADDRESS		
STREET ADDRESS			5.4 CITY	\		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITU			Change Addition
MANG		*****	6.2 NAM			

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 other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS