

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED  
Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # P97000090617 (6)**  
 1. Corporation Name  
**OLDE TIMERS SPORTS PUB INC.**



Principal Place of Business <b>1937 GRACE AVE FORT MYERS FL 33901</b>	Mailing Address <b>1937 GRACE AVE FORT MYERS FL 33901</b>
------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>6181 EAST PINE PKWY</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>UNIT 4</b>	27
City & State	City & State
23 <b>FORT MYERS FL</b>	28
Zip	Country
24 <b>33912</b>	25 <b>LEE</b>
29	30

3. Date Incorporated or Qualified <b>10/20/1997</b>	
4. FEI Number <b>65-0787350</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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	
<b>HISSAM, DON L 1937 GRACE AVE FORT MYERS FL 33901</b>	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VOLLMER, WILLIAM A</b>	1.2 NAME	
STREET ADDRESS	<b>6834 WILLOW LAKE CIR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, STEVEN A</b>	2.2 NAME	
STREET ADDRESS	<b>7751 BREEZE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33917</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HISSAM, DON L</b>	3.2 NAME	
STREET ADDRESS	<b>2516 MCGREGOR BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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.

SIGNATURE: \_\_\_\_\_ DATE: **1-7-98** **941-939-0661**

CR2E034 (10/97)