


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90015 042 \*\*\*150.00

0314492

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000031007**

1. Corporation Name  
**KINGS' COURT SPORTS CORP.**



Principal Place of Business 1630 N FEDERAL HWY- FT LAUDERDALE FL 33305 <del>526 NE 42 CT.</del> <del>FT Lauderdale FL</del> 33334	Mailing Address 1630 N FEDERAL HWY- FT LAUDERDALE FL 33305 <del>PO Box 5202</del> <del>FT Lauderdale FL</del> 33310
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/01/1998**

4. FEI Number  Applied For  
~~XXXXXXXXXX~~  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 21 <b>526 NE 42 Ct.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ft. Lauderdale Fl.</b> Zip 24 <b>33334</b> Country 25 <b>Broward</b>	2a. Mailing Address 26 <b>PO Box 5202</b> Suite, Apt. #, etc. 27 <b>Ft. Lauderdale Fl.</b> City & State 28 Zip 29 <b>33310</b> Country 30 <b>Broward</b>
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9. Name and Address of Current Registered Agent

**SUMMITT, MARILYN K**  
 1630 N FEDERAL HWY  
 FT LAUDERDALE FL 33305

~~Richard Walsh~~  
~~2151 NE 42nd Ct.~~  
~~Light House Pt. Fl.~~  
 33064

10. Name and Address of New Registered Agent

81 Name **Carol Richard WALSH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2151 NE 42 Ct.**  
 83 **Light House Pt.**  
 84 City **FL** 85 Zip Code **33064**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Carol Walsh* DATE **4-26-99**

Signature, typed or printed name of registered agent and date applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>WALSH, RICHARD</b>	
STREET ADDRESS	<b>2151 NE 42ND CT</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	<b>D</b>	
NAME	<b>LAWRENCE, MARK D</b>	
STREET ADDRESS	<b>6917 NW 34TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	
NAME	<b>SHAFFER, STEPHEN J</b>	
STREET ADDRESS	<b>778 NW 8ND AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 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			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 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			
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, with all other like empowered.

SIGNATURE: *Richard Walsh* **REQUIRED** DATE: **4-26-99** (954) 772-6065

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)