

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90002 006 \*\*\*558.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000104830**

Corporation Name  
**ATHLETE'S NETWORK, INC.**



Principal Place of Business 15 WEST FIRST STREET #203 FORT MYERS FL 33901	Mailing Address 2075 WEST FIRST STREET #203 FORT MYERS FL 33901
---------------------------------------------------------------------------------	-----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/09/1998</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Anthony J. Gargano</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2075 West First St.</b>			
				83 <b>Suite # 203</b>			
				84 City <b>Fort Myers</b>		85 Zip Code <b>FL 33901</b>	

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: Anthony J. Gargano DATE: 9/9/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		1.1 TITLE	<b>D/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		1.2 NAME	<b>Anthony J. Gargano</b>
1.3 STREET ADDRESS		1.3 STREET ADDRESS	<b>2075 West First St. Suite #203</b>
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33901</b>
<input type="checkbox"/> DELETE		2.1 TITLE	<del>David P. Maile</del> <b>D/P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2.2 NAME	<b>David P. Maile</b>
2.3 STREET ADDRESS		2.3 STREET ADDRESS	<b>1653 Kensington Ct.</b>
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33907</b>
<input type="checkbox"/> DELETE		3.1 TITLE	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		3.2 NAME	<b>Liston D. Bochette, III</b>
3.3 STREET ADDRESS		3.3 STREET ADDRESS	<b>2075 West First St. Suite #203</b>
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33901</b>
<input type="checkbox"/> DELETE		4.1 TITLE	<b>D/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		4.2 NAME	<b>Craig Pizaris Henderson</b>
4.3 STREET ADDRESS		4.3 STREET ADDRESS	<b>12951 Suite 6 Metro Pkwy</b>
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33912</b>
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Anthony J. Gargano DATE: 9/9/99 941 337 2280

CR2E034 (5/99)