## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$70167

(9)

Corporation Name

SPECIALTY SPORTS, INC.

01 20	SIZETT OF OTHER INC.										
Principal Place of Business Mailing Address							1 1881(816 (I) 1681) 48111 (1618 933) 1891 9191 9191 9191 9191 9191 9191				
1800 N DOUGLAS RD 201 PEMBROKE PINES FL 33024 US			1800 N DOUGLAS RD 201 PEMBROKE PINE FL 33024 US			3.	Date Incorporated or Qualified 07/29/1991	3a. Dat	e of Last <b>05/01/</b>		
9 Principal P	lace of Business	29	Mailing Address				4.	FEI Number	_1		Applied For
2. Filliopai F	Idde or Dusiness	26	elaring / losi coo					65-0274748			Not Applicable
Suite, Apt.			Suite Apt. #, etc				5.	Certificate of Status Desired		<b>—</b> — — · ·	75 Additional e Required
City & Stat			City & State				6.	Election Campaign Financing Trust Fund Contribution		• -	.00 May Be ded to Fees
Zip 24	Country Zip 25 29			Gou	ountry		8. This corporation has liability for intangible tax under s 199.032.  Florida Statutes Yes No				
24	9 Name and Address of Cur		ered Agent	_1-1			10	Name and Address of New	Registered	Agent	
BORELL, THOMAS L. 3929 PONCE DE LEON BLVD CORAL GABLES FL 33134					82 83	33   BE   Zin Code					
nr registe	to the provisions of Sections 607.08 ered agent, or both, in the State of F vith, and accept the obligations of, S	larida Such	chance was authori	zed by the c	WO D	amed come	oration ard of c	submits this statement for the p firectors. I hereby accept the ap	urpose of choointment a	anging i	ts registered office
SIGNATURE	, -				Δ	tay asan sopit	ad oran	er stetra	DATE		
Signature. Blood or protect raise of regulates any plant of the Taylored (ACT) Project						A		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
THILE	D	7 (142) 27 (14 )	DELETE			1	□ Cn.			Chan	
NAME		FERMAN, GARY			1.2 NAME						
STREET ADDRESS	1800 N DOUGLAS RD #201				1.3 STREET ADDRESS						
CITY - ST - ZIP	PEMBROKE PINES FL	•		1.4 0	·TY - S	T - ZIP					
TITLE			DELETE	2 11						Chan	ge Addition
NAME				22 N	AME						

2.3 STREET ADDRESS

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3 1 TITLE

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4.2 NAME 4.3 STREET ADORESS

5 1 TIBLE 5 2 NAME

6 17/11/6

6.2 NAME

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or direct and 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 12 or ganged, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

CITY - ST- ZIP

CITY - ST - 71P

TiTLE

NAME

TITLE

SIGNATURE AND WES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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18/96 954.432.

Change

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