

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 # 441162

1. Corporation Name

WILD WORLD OF SPORTS, INC.

Principal Place of Business

3400 GULF BLVD.  
SUITE 106  
BELLEAIR BCH FL 33786

Mailing Address

3400 GULF BLVD.  
SUITE 106  
BELLEAIR BCH FL 33786

2. Principal Place of Business

2a. Mailing Address

21 130 UGA ACRAY DRIVE

26 130 UGA ACRAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 717

27 717

City & State

City & State

23 PONTIAC BEACH, FL

28 PONTIAC BEACH, FL

Zip

Zip

24 32082

29 32082

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

LETZRING, HOWARD B  
3400 GULF BLVD.  
SUITE 106  
BELLEAIR BCH FL 33786

3. Date Incorporated or Qualified

12/03/1973

4. FEI Number

59-1496482

Applied For

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 130 UGA ACRAY DRIVE

84 Suite 717

85 City

PONTIAC BEACH FL

Zip Code

32082

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PDV  
NAME LETZRING, HOWARD B  
STREET ADDRESS 3400 GULF BLVD., SUITE 106  
CITY-ST-ZIP BELLEAIR BEACH FL 33786 ADDRESS ABOVE

TITLE ST  
NAME LETZRING, JACQUELINE  
STREET ADDRESS 3400 GULF BLVD., SUITE 106 ADDRESS ABOVE  
CITY-ST-ZIP BELLEAIR BEACH FL 33786 ADDRESS ABOVE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

504-280-0131

Daytime Phone #

CR2E034 (1/98)

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90112 040 \*\*\*150.00



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