

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 538453

BROWARD SPORT SHOPS, INC.

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90013 041 \*\*\*150.00

585165 - 90013 - 41



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
20 SE 10TH STREET  
DEERFIELD BEACH FL 33441  
JS

Mailing Address  
620 SE 10TH STREET  
DEERFIELD BEACH FL 33441  
US

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

3. Date Incorporated or Qualified

06/30/1977

4. FEI Number

59-1779881

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.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARB, RONALD D.  
128 S LAKE HUCKLEBERRY DR  
SEBRING FL 33872

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1.1 TITLE	
NAME	SCHWARB, RONALD D.	1.2 NAME	
STREET ADDRESS	128 S LAKE HUCKLEBERRY DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SEBRING FL	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	
NAME	SCHWARB, MARK D.	2.2 NAME	
STREET ADDRESS	970 SE 1ST TERRACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	
NAME	SCHWARB, PATTI J.	3.2 NAME	
STREET ADDRESS	128 S LAKE HUCKLEBERRY DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SEBRING FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. 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: *Paul S. Schwaab* Bookkeeper

7/5/99

954/946-5862

CR2E034 (5/99)

585165-90013-41  
538453



620 S.E. 10th Street • Deerfield Beach, Florida 33441 • 954-428-8326 • Fax 954-429-8814

July 5, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom;

Enclosed please find our check #3484 in the amount of \$150.00. This represents our annual filing fee.

Upon receipt of the 1999 Profit Corporation Annual Report Packet "2nd Notice" I called 850/488-9000 and spoke to Jo (July 1, 1999). After speaking with her we realized that I had never received the 1st notice. She instructed me to send in the original payment of \$150.00 and a letter.

If there is any problem I would hope that our perfect record of payment over the many years would allow the late fee to be waived.

Thank you for your immediate attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Erin Schwarb', is written over the typed name.

Erin Schwarb  
Bookkeeper  
954/946-5862 home