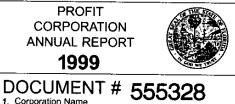
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

KAR-EL SPORTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90070 018 \*\*\*150.00

|--|--|

!	ace of Business	Mailing Address		ı saaras brimi mirdi disab litim filibi tilli billi	i minni di bil dimil dimit dibit 1881
2801 SW 31 PEMBROKE P	ave Park FL 33009	2801 SW 31 AVE	000		
US	NIII 1 L 05003	PEMBROKE PARK FL 33 US	w <sub>9</sub>	DO NOT WRITE IN TH	S SBACE
				3. Date Incorporated or Qualifed	3 SFACE
				12/13/1977	
<b>⊢</b>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2490297	Not Applicable
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	-4-	27	·····	5. Certificate of Status Desired	Fee Required
23	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current year Ir	
	9. Name and Address of Cu		30	Personal Property Tax.  10. Name and Address of New Registered	☐ Yes ☐ No
			81 Name	10. Haite and Address of New Registered	Agent
	eenberg, stuart e.				
	39 SW 53 STREET		82 Street A	ddress (P.O. Box Number is Not Acceptable)	;
CO	OPER CITY FL 33330		83		
			84 City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida State	utes, the above-named co		changing its registered
	registered agent, or both, in the Si am familiar with, and accept the ob			orporation submits this statement for the purpose o ation's board of directors. I hereby accept the appo	intment as registered
SIGNATURE		,.			
	Signature, typed or printed name of registered		E: Registered Agent signature requ	uired when reinstating) DATE	<del></del>
12.	OFFICERS DP	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	-	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, STUART E.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PEMBROKE PARK FL		1.4 CITY-ST-ZIP		
	GREENBERG, PAM	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	PEMBROKE PARK FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S		2.4 CITY-ST-ZIP		
NAME	GREENBERG, STUART	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP	PEMBROKE PARK FL		3.3 STREET ADDRESS		ļ
TITLE	TEMOTORE PARKIE	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		57.0
NAME					☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE			44.000 07 70		
		☐ DELETE	4.4 CITY-ST-ZIP		Change C Addition
NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	<u> </u>	☐ Change ☐ Addition
		☐ DELETE	5.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	5.1 T/TLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	·	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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: