## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name 612252 (7) SPORTARMS OF FLORIDA, INC. Principal Place of Business Mailing Address 5555 NW 36TH AVE 5555 NW 36TH AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1881617 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional ጆ 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 🔀 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEWTON, DONNA J. 5555 NW 36TH AVE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33142 83 PT. LAUDERDALE 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 (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NEWTON, DONNA J. NAME 12 NAME 3170 WILLOW LANE STREET ADORESS 1.3 STREET ADDRESS FT. LAUDERDALE, FT. LAUDERDALE FL 3333 *l* CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE NEWTON, DONNA J NAME 2.2 NAME 6800 GLENEAGLE DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITI F 31 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE 5.2 NAME

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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DELETE

1/27/98 (305) 635-2411

Change

Addition

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