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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005746 (0)

1. Corporation Name

OLSHERSPORTS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
BOCA CTR. TWR 1 5200 TOWN CTR CIR BOCA RATON FL 33486 US		BOCA CTR. TWR 1 5200 TOWN CTR CIR BOCA RATON FL 3486	
2. Principal Place of Business		2a. Mailing Address	
21 4800 N Federal Hwy.		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 200D		27	
City & State		City & State	
23 Boca Raton, FL		28	
Zip	Country	Zip	Country
24 33486	25 US	29	30

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

13-3811109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELS, MARTIN
100 SE 2ND ST Suite 2150
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPO	1.1 TITLE	PC
NAME	OLSHER, MICHAEL	1.2 NAME	Olsher, Michael
STREET ADDRESS	3278 ST ANNES DR	1.3 STREET ADDRESS	3633 Carlton Place
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	D	2.1 TITLE	S
NAME	STAMER, HOWARD	2.2 NAME	Olsher, Dax
STREET ADDRESS	BOCA CTR, TWR 1, 5200 TOWN CTR CIR #500	2.3 STREET ADDRESS	3633 Carlton Place
CITY-ST-ZIP	BOCA RATON FL 3486	2.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	V	3.1 TITLE	
NAME	MACKAY, M JEAN	3.2 NAME	
STREET ADDRESS	921 BANYAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33483	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	STIEGLITZ, DANIEL	4.2 NAME	
STREET ADDRESS	21799 SUGARBERRY CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33429	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

[Signature]

2/12/98

CR2E034 (10/97)