SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 14 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 # **F97000000979 (1)**

1. Corporation Name
SIGNATURE SPORTS & ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
2089 E. STERNBERG RD. MUSKEGON MI 49444	2089 E. STERNBERG RD. MUSKEGON MI 49444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 38-2783110 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NORTON, SAM D ESQ
1819 MAIN ST., #610
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	PANNUCCI, RONALD H		1.2 NAME	KERR, JEFFREY A.	
STREET ADDRESS	2089 E. STERNBERG RD.		1.3 STREET ADDRESS	5000 HANKS DR.	
CITY-ST-ZIP	MUSKEGON MI 49444		1.4 CITY-ST-ZIP	MUSKEGON, MI 49441	
TITLE	VST	☒ DELETE	2.1 TITLE	VST	☐ Change ☒ Addition
NAME	KERR, DAVID R		2.2 NAME	O'BRIEN, JAMES S.	
STREET ADDRESS	2089 E. STERNBERG RD.		2.3 STREET ADDRESS	4055 FOREST POINT DR.	
CITY-ST-ZIP	MUSKEGON MI 49444		2.4 CITY-ST-ZIP	MUSKEGON, MI 49441	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KERR, JEFFREY A		3.2 NAME		
STREET ADDRESS	5000 HAKES DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MUSKEGON MI 49441		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	100002642891 -09/18/98--01019--014 ***150.00	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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: James S. O'Brien VST James S. O'Brien 8/10/98 (616) 798-6012