

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90008 001 ***158.75

DOCUMENT # G68973

1. Corporation Name

ALL-STAR SPORTS CAMPS, INC.



Principal Place of Business

P. O. BOX 810153
BOCA RATON FL 33481

Mailing Address

P. O. BOX 810153
BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1983

4. FEI Number

59-2359057

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6200 Linton Blvd.

Suite, Apt. #, etc.

City & State

23 Delray Beach, Fl

Zip

24 33484

Country

25 US

2a. Mailing Address

26 6200 Linton Blvd.

Suite, Apt. #, etc.

City & State

28 Delray Beach, Fl

Zip

29 33484

Country

30 US

9. Name and Address of Current Registered Agent

STONE, S. ROBERT III
6200 LINTON BLVD
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name Stone III, S. Robert

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

S. Robert Stone III

S. Robert Stone III
President

05/25/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STONE, S ROBERT III

STREET ADDRESS 5779 NW 38TH TERR

CITY-ST-ZIP BOCA RATON FL

TITLE C ☒ DELETE

NAME HAUSMAN, ROBERT

STREET ADDRESS 6048 NW 32ND COURT

CITY-ST-ZIP BOCA RATON FL

TITLE VP ☒ DELETE

NAME GABAY, LEON

STREET ADDRESS 3400 GALT OCEAN DRIVE #19015

CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

Stone III, S. Robert

6200 ~~Linton~~ Linton Blvd.

Delray Beach, Fl 33484

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: *S. Robert Stone III* President, 05/25/99

(561) 495-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)