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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J35540

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FILED

98 APR 30 PM 12: 30

SECRETARY OF STATE

ROBBIE SCOREBOARD CORPORATION				TALLAHASSEE.	FLURIDA
HODE	IL GOONLOOMID COM OF	INTION		# 2000 (CO. 0100 C) (CO. 0100 C) (CO. 0100 C)	BIAR BIBIN BEBU BIBIN BIBIN IBBI
Principal Plac	e of Business	Mailing Address		T I OFFICE A SOUTH FREDE OFFIC ASSET OFFICE AND A SOUTH	BIOLA BIRLI DIDLI GIRA DIDLI 1081
2269 N W 199TH STREET 2269 N W 199TH STRE			ET		
MIAMI FL 33056 MIAMI FL 33056		MIAMI FL 33056		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	- OF ACE
				09/30/1986	!
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2763114	Not Applicable
Sulte, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country		Added to Fees
24	25	29	30	This corporation owes or has paid the corporate Property Tax due June 30.	Yes No
E-4 [9. Name and Address of Currer		1301	10. Name and Address of New Registered	
A	MERICAN INFORMATION SERVI	CES. INC.	81 Name		
ONE SE THIRD AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
27TH FLOOR			OI COL MOCH	Todas (1 Box Mulliber 15 Mat Accopitatio)	
MIAŇI FL 33131		83			
			84 City		85 Zip Code
				FI	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida Statut e of Florida. Such change was a	es, the above-named corp authorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature typod or protein name of reperiered age	AICT	L Registered Agent signature requi	ered when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Kramm, Robert L		1.2 NAME		
STREET ADDRESS	2269 N W 199TH STREET		1.3 STREET ADDRESS	900002513	57695
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY - ST - ZIP	900002515 -05/07/98	01097009
TITLE	DVPS	☐ DELET E	2.1 TITLE	****150.00	Tok Siperine 1 201 (All lightion
NAME	ROCHON, RICHARD C		2.2 NAME		
STREET ADDRESS	2269 NW 199TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE	TAS	☐ DELETE	3.1 TITLE		Change Addition
NAME	Mariner, Joanthan D 2269 NW 199TH STREET		3.2 NAME		
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	INDIAN I C	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		الماليون الماليون الماليون
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
NAME			6.2 NAME	\mathcal{M}	<i>\\</i> \
STREET ADDRESS			63 STREET ADDRESS	<i> N</i>	U
CITY-ST-ZIP			6.4 CITY-ST-ZIP	\circ	~

14. It exercises 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.