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

PROFIT CORPORATION ANNUAL REPORT

1997

WJR SPORTS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65246

(7)

FILED Apr 21 1997 8:00am Secretary of State



Principal Plac	e of Busines		Mailing Address							T HOUSING MEINE MEINE MEINE BENEUM TIMIN DEMAND MITH MINGEL MEINE MEINEN MEINE MEINE MEINE MEINE MEINE MEINE M					
11602 ALPINE PARKWAY PORT RICHEY FL 34668-1505					11602 ALPINE PARKWAY PORT RICHEY FL 34688-1505										
er e e e												3. Date Incorporated or Qualified 03/30/1987		ate of Last 19/1996	Report
2. Principal Place of Business 21 10134 US HWY 19					2a. Mailing Address					19		4. FEI Number			Applied For
21 10134 US HWY 19 Sulta Apt. #, etc.					26 10134 US HWY 19 Suite, Apt. #, etc.							59-2797461			Vot Applicable
22					27							5. Certificate of Status Desired			Additional Required
City State	RT KICHEY FL				City & State RICHES							Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24 346		25	ountry PASCO	ļ.	29	[™] 3466		30	Country PAS	co		8. This corporation has liability for Florida Statutes		tax under No	s. 199.032,
	g, Name	and A	ddress of	Current Re	egist	ered Agent						10. Name and Address of New Re	gistered	Agent	
STR	UHQUER, (GARY							81	Name					
918 DREW STREET									82	Street	Addres	ss (P.O. Box Number is Not Accepta	ole)		
SUITE A									83				-,		
CLEARWATER FL 33515										ł					į
									84	City			FL	85 Zip	Code
11. Pursuant	to the provisi	ions of	Sections 6	07.0502 an	nd 60	7.1508, Flo	rida Statu	los, the	abov	e-named	Corpo	ration submits this statement for the ins board of directors. I hereby acce		L L Changing	its registered
agent. I a	m familiar wi	ih, and	d accept the	e obligation	is of,	, Section 60	nge was 7.0505, F	aumon Iorida S	tatule	y the cor s.	poratio	in's board of directors. I hereby acce	ol the app	ointment a	is registered
SIGNATURE	Signature, lyped	Or Orioto	d came of socia	lored speed and	el tille il	Languable	410	76. D							
12.	Digisatore, typico	or printe	·	RS AND DI		· · · · · · · · · · · · · · · · · · ·	100		3.	ent signature	required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE .	DIDECTO	DC IN 12
TITLE	PD						DELETE		1 10 LE			NUMBER OF THE OFFICE	ZENO KINE	Change	
NAME	WILLMEN	IG, JO	SEPH L.			•		1.3	2 NAME						
STREET ADDRESS 11602 ALPINE PARKWAY					135			3 STREFT	ADDRESS						
CITY-ST-ZIP	PORT RIC	<u>Y3HK</u>	<u>FL</u>					1.0	4 C(TY - S	1 - ZIP					
TITLE	SD					<u>□</u>	DELETE	2	1 TITLE		7	RES (E) (TS)		X Change	Addition
NAME	ASMAN, I			_				2.1	2 NAME		5	EC (13)			
STREET ADDRESS	7405 SAN			K.				2.3	3 \$1REE1	ADDRESS					
CATY-ST-ZIP	PORT RIC	MET	<u>rl</u>			····)C+ F3C		4 CITY -	S1-7(P				F	
TITLE	WILLMEN	a wi	NDOEN E			البيا	DELETE		1 THLE		PI	RESIDENT (P)		Change Change	☐ Addition
NAME STREET ADDRESS	11602 AL			1					2 NAME	4000000					
CITY-ST-ZIP	PORT RIC			1						ADDRESS					
TITLE	7 7111 1110	,,,,,,,	· •				DELFTE		4. CITY- S 1 TITLE	SI-ZIP				☐ Change	Addition
NAME -									2 NAME						
STREET ADDRESS										ADDRESS					
CITY-ST-ZIP								4.4	4 CITY-S	I - ZIP					
TITLE							ELETE		TITLE					Change	Addition
NAME								5.2	2 NAME						
STREET ADDRESS								5.3	STRFET	ADDRESS					
CITY-ST-ZIP							V. 175		CITY-S	1-21P					
TITLE -						[_] [ELETE		1 TITLE					Change	Addition
NAME OTOGET ADDRESS									2 NAME						
STREET ADDRESS								1		ADDRESS					
CITY-ST-ZIP								6.4	CHY-S	1-21P	l				

4. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

OLONIATURE.

ander Asman

TRES

4-15-97 (81

(813) 863-8019