


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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90061 014 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J94188 1. Corporation Name SPORT-STYLE ASSOCIATES, INC.			
Principal Place of Business GRAND NATIONAL PLAZA, SUITE 102 7021 GRAND NATIONAL DRIVE ORLANDO FL 32819		Mailing Address GRAND NATIONAL PLAZA, SUITE 102 7021 GRAND NATIONAL DRIVE ORLANDO FL 32819	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent MIRANDA, JOSPEH P 7021 GRAND NATIONAL DR. STE 102 ORLANDO FL 32819		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DPS	<input checked="" type="checkbox"/> DELETE	
NAME	MIRANDA, JOSEPH P., JR.		
STREET ADDRESS	7021 GRAND NATIONAL DR.		
CITY-ST-ZIP	ORLANDO FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	MIRANDA, JOSEPH P., JR.		
STREET ADDRESS	7021 GRAND NATIONAL DR.		
CITY-ST-ZIP	ORLANDO FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	WINTER, SOPHIA M.		
1.3 STREET ADDRESS	7021 GRAND NATIONAL DR.		
1.4 CITY-ST-ZIP	ORLANDO FL		
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	WINTER, SOPHIA M.		
2.3 STREET ADDRESS	7021 GRAND NATIONAL DR.		
2.4 CITY-ST-ZIP	ORLANDO FL		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:

Sophia M. Winter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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