FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39809** **(4)**

1. Corporation Name
PAR SPORTS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~300 S. BISCAYNE BLVD~~	~~300 S. BISCAYNE BLVD~~
~~4750 SOUTHEAST FINANCIAL CENTER~~	~~4750 SOUTHEAST FINANCIAL CENTER~~
~~MIAMI FL 33131~~	~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 P.O. Box 960685	Suite, Apt. #, etc.: 27 P.O. Box 960685
City & State: 23 Miami, FL	City & State: 28 Miami, FL
Zip: 24 33296 Country: 25 U.S.	Zip: 29 33296 Country: 30 U.S.

4. FEI Number: **65-0083682** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SOUTH FLORIDA RESIDENT AGENTS INC.~~ ~~200 S. BISCAYNE BLVD.~~ ~~SUITE 4750~~ ~~MIAMI FL 33131~~	81 Name: Floyd Phillips 82 Street Address (P.O. Box Number is Not Acceptable): 8281 SW 84th Terrace 83 84 City: MIAMI FL 85 Zip Code: 33143

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: Floyd Phillips (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, FLOYD	1.2 NAME		
STREET ADDRESS	14784 NORTH KENDAL DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DAWSON, ANDRE	2.2 NAME		
STREET ADDRESS	5715 S.W. 130TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PEETE, CALVIN	3.2 NAME		
STREET ADDRESS	128 GARDEN GATE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTRE VEDRE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENSON, DWIGHT	4.2 NAME		
STREET ADDRESS	6381 HUTCHINSON	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RANGE, PATRICK	5.2 NAME		
STREET ADDRESS	1031 NW 87TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Floyd Phillips, President 4/15/95 (305) 373-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Floyd Phillips

0120707 CP