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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **K47649**

1. Corporation Name

VARSITY	SOCCER SHOP, INC.						
Principal Place	of Business	Mailing Address		3-1-	F JOOG BEIN ON OFFIN COUNT BEINE DENKE	FOST OTDIC USEST DIGIT	GIBLI BIBIL BIBIL ISBI
4250 DOW RD #308 4250 DOW RD #308							
MELBOURNE FL 32934 MELBOURNE FL 32934					DO NOT WRITE IN THIS SPACE		
U\$ U\$					3. Date Incorporated or Qualifed		
					11/29/1988		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
	ace of business	26. Washing Address			59-2919014		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.	75 Additional
22					5. Certifcate of Status Desired		ee Required
City & State	9		City & State		6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current	year Intangible	
24	25	29	ō		Personal Property Tax.	✓Yes	s □No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent	
			81	Name			
DINHO, ARESTIDES M., JR.			82	Street Add	dress (P.O. Box Number is Not Acceptable	3)	47
3540 QUAIL TR.			"	0001714	2.000 (* 10.000********************************		
MELBOURNE FL 32935			83				
			84	City	<u>.</u>	85	Zip Code
						FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named cor	rporation submits this statement for the pution's board of directors. I hereby accept t	rpose of changir	ng its registered as registered
office or re agent. I ai	egistered agent, or both, in the State i m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statutes	tile corpora 5.	don's board of directors. Thereby accept t	не арронильск	as registeres
SIGNATURE	, ,						
	Signature, typed or printed name of registered agen		<u> </u>	nt signature requi	ired when reinstating)	DATE AND DID	TOTODO BLAS
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	
TITLE	T	☐ DELETE	1.1 TITLE	-		L., Cin	alige
NAME	DINHO, ELAINE B.		1.2 NAME				
STREET ADDRESS	3540 QUAIL TR.			TADORESS			
CITY-ST-ZIP	MELBOURNE FL	- Delete	1.4 CITY-S	T-ZIP		Cha	ange Addition
TITLE *41	P ; **	☐ DELETE	2.1 TITLE	1			ange [_] Addition
NAME	DINHO, ARESTIDES M., JR.		2.2 NAME				
STREET ADDRESS	3540 QUAIL TR.			TADORESS			
CITY-ST-ZIP -	- MELBOURNE FL		2.4 CITY-5	ST-ZIP		- Cha	ange Addition
TITLE	•	☐ DELETE	3.1 TITLE				ange [] Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		[] priete	3.4. CITY-S	ST-ZIP		Cha	ange Addition
TITLE		☐ DELETE	4.1 TITLE				ange
NAME.			4. 2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-S	ST-ZIP		☐ Chi	ange Addition
TITLE		☐ DELETE	5.1 TITLE			CIN	alige
NAME			5.2 NAME	T 10000000			
STREET ADDRESS			4	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ST-ZIP		Chi	ange
TITLE .		☐ DELETE	1				alige Add:@oil
NAME			6.2 NAME				
STREET ADDRESS	***		6.3 STREE	TADDRESS	No. 1. ac		

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.

MALIREDELAINE B. DINHO

407-752-6000