

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K64819

1. Corporation Name:
SPORTSMEN'S PROPERTIES LTD., INC.

Principal Place of Business: **901 NORTHPOINT PARKWAY #102 WEST PALM BEACH, FL 33407**
Mailing Address: **901 NORTHPOINT PKWY # 102 WEST PALM BEACH, FL 33407**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Subj. App. #, etc.	26. Subj. App. #, etc.	02/03/1989	03/31/95
22. City & State	27. City & State	4. Filing Number	Applicable? <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	59-2931447	5. Certificate of Status Filing <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	30. Country	8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHISMARK JR., GEORGE E. 901 NORTHPOINT PARKWAY #102 WEST PALM BEACH, FL 33407		81. Name	85. Zip Code
		82. Street Address (P.O. Box Numbers Not Accepted)	FL
		83. City	

11. Pursuant to the provisions of Sections 607.08(1) and (2), 607.13(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as authorized by the Secretary of State, and is authorized by the board of directors, if there is a corporate secretary, or by the president, if there is no corporate secretary, to execute all necessary documents to carry out the above stated purpose.

SIGNATURE		ADDITIONAL REGISTRARS TO OFFICERS AND DIRECTORS	
12. OFFICER AND DIRECTORS	13. ADDITIONAL REGISTRARS TO OFFICERS AND DIRECTORS		
OFFICE	OFFICE	<input type="checkbox"/> OFFICE	<input type="checkbox"/> ADDRESS
NAME	NAME		
Street Address	Street Address		
CITY & STATE	CITY & STATE		
ZIP	ZIP		
PHONE	PHONE		
STREET ADDRESS	STREET ADDRESS		
CITY & STATE	CITY & STATE		
ZIP	ZIP		
PHONE	PHONE		
STREET ADDRESS	STREET ADDRESS		
CITY & STATE	CITY & STATE		
ZIP	ZIP		
PHONE	PHONE		

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*****225.00**

14. I, the undersigned, being duly qualified, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same has been verified by me or by a duly qualified person under my supervision and control. My commission expires on 8/12/96.

SIGNATURE: *George E. Chismark Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

8/7/96 561-688-9099
M 8-9-96

CR2E034 (3/96)