

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90131 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K64819

1. Corporation Name
SPORTSMEN'S PROPERTIES LTD., INC.
C/O GEORGE CHISMARK

Principal Place of Business 901 NORTHPOINT PKWY #102 W PALM BCH FL 33407	Mailing Address 901 NORTHPOINT PKWY #102 W PALM BCH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4262 NORTHLAKE BLVD.		2a. Mailing Address 26 4262 NORTHLAKE BLVD.		3. Date Incorporated or Qualified 02/03/1989	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2931447	
23 City & State PALM BEACH GARDENS		28 City & State PALM BEACH GARDENS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33410		29 Zip 33410		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHISMARK JR., GEORGE E. 901 NORTHPOINT PKWY #102 W PALM BCH FL 33407				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 4262 NORTHLAKE BLVD.			
83				84 City PALM BEACH GARDENS FL			
				85 Zip Code 33410			

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 George E. Chismark Jr. DATE 4/21/99

Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE BYRNE, SR., DONN H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS 901 NORTHPOINT PKWY #102		1.3 STREET ADDRESS 11778 NORTH LAKE SHORE DRIVE	
CITY-ST-ZIP WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE CHISMARK, JR., GEORGE E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 901 NORTHPOINT PKWY #102		2.3 STREET ADDRESS 8599 DOVERBROOK DR.	
CITY-ST-ZIP WEST PALM BEACH FL 33407		2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: George E. Chismark Jr. DATE: 4/21/99 DAYTIME PHONE #: 561-630-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EN24 (11/98)