

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K90823 (1)**

1. Corporation Name  
**SPORTS SHINKO (FLORIDA REALTY), INC.**

Principal Place of Business Mailing Address  
**3200 STATE RD 546 HAINES CITY FL 33844-6720**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/25/1989	04/07/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2950112	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINOSHITA, TOSHIO	1 2 NAME	
STREET ADDRESS	#4-12 MANZAI-CHO	1 3 STREET ADDRESS	
CITY - ST - ZIP	OSAKA, JAPAN	1 4 CITY - ST - ZIP	
TITLE	DV	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINOSHITA, TAKESHI	2 2 NAME	
STREET ADDRESS	#4-12 MANZAI-CHO	2 3 STREET ADDRESS	
CITY - ST - ZIP	OSAKA, JAPAN	2 4 CITY - ST - ZIP	
TITLE	DST	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUKUDA, TSUGIO	3 2 NAME	
STREET ADDRESS	#4-12 MANZAI-CHO	3 3 STREET ADDRESS	
CITY - ST - ZIP	OSAKA, JAPAN	3 4 CITY - ST - ZIP	
TITLE	V	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, JOSEPH	4 2 NAME	<b>DOMINIQUE J. AUDRAN</b>
STREET ADDRESS	3200 S.R. 546	4 3 STREET ADDRESS	
CITY - ST - ZIP	GRENELEFE FL	4 4 CITY - ST - ZIP	
TITLE	V	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHAMER, TERRY	5 2 NAME	<b>RONALD W. STRECKER</b>
STREET ADDRESS	3200 S.R. 546	5 3 STREET ADDRESS	
CITY - ST - ZIP	GRENELEFE FL	5 4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(x), 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: \_\_\_\_\_  
SIGNATURE AND WORD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 19, 1995 941/422-7511

Date (Day/Month/Year)

CR2E034 (3/95)