

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 06 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **K90823** (1)

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



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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/25/1989**  
3a. Date of Last Report: **08/03/1995**  
4. FEI Number: **59-2950112**  
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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.04(2) and 607.1003, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>DP</b>	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KINOSHITA, TOSHIO</b>		2. NAME:
STREET ADDRESS: <b>#4-12 MANZAI-CHO</b>		13. STREET ADDRESS:
CITY-STATE-ZIP: <b>OSAKA, JAPAN</b>		14. CITY-STATE-ZIP:
TITLE: <b>DV</b>	<input type="checkbox"/> DELETE	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KINOSHITA, TAKESHI</b>		22. NAME:
STREET ADDRESS: <b>#4-12 MANZAI-CHOO</b>		23. STREET ADDRESS:
CITY-STATE-ZIP: <b>OSAKA, JAPAN</b>		24. CITY-STATE-ZIP:
TITLE: <b>DST</b>	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FUKUDA, TSUGIO</b>		32. NAME:
STREET ADDRESS: <b>#4-12 MANZAI-CHO</b>		33. STREET ADDRESS:
CITY-STATE-ZIP: <b>OSAKA, JAPAN</b>		34. CITY-STATE-ZIP:
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>AUDRAN, DOMINIQUE J</b>		42. NAME:
STREET ADDRESS: <b>3200 S.R. 546</b>		43. STREET ADDRESS:
CITY-STATE-ZIP: <b>GRENELEFE FL</b>		44. CITY-STATE-ZIP:
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>STRECKER, RONALD W</b>		52. NAME:
STREET ADDRESS: <b>3200 S.R. 546</b>		53. STREET ADDRESS:
CITY-STATE-ZIP: <b>GRENELEFE FL</b>		54. CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE		6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:
STREET ADDRESS:		63. STREET ADDRESS:
CITY-STATE-ZIP:		64. CITY-STATE-ZIP:

**200001771912**  
**-04/08/96--01025--025**  
**\*\*\*225.00**

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)(a), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RONALD W. STRECKER**

**3/25/96** (941) 421-5001  
Sf 6-6-96

CR2E034 (12/95)