

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K90823 (1)**  
 1. Corporation Name  
**SPORTS SHINKO (FLORIDA REALTY), INC.**



Principal Place of Business <b>3200 STATE RD 546 HAINES CITY FL 33844-6720</b>	Mailing Address <b>3200 STATE RD 546 HAINES CITY FL 33844-8720</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/25/1989</b>	3a. Date of Last Report <b>04/06/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2950112</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINOSHITA, TOSHIO</b>	1.2 NAME	
STREET ADDRESS	<b>#4-12 MANZAI-CHO</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSAKA, JAPAN</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINOSHITA, TAKESHI</b>	2.2 NAME	
STREET ADDRESS	<b>#4-12 MANZAI-CHO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSAKA, JAPAN</b>	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUKUDA, TSUGIO</b>	3.2 NAME	
STREET ADDRESS	<b>#4-12 MANZAI-CHO</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSAKA, JAPAN</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUDRAN, DOMINIQUE J</b>	4.2 NAME	
STREET ADDRESS	<b>3200 S.R. 546</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRENELEFE FL</b>	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRECKER, RONALD W</b>	5.2 NAME	<b>V</b>
STREET ADDRESS	<b>3200 S.R. 546</b>	5.3 STREET ADDRESS	<b>Karst, Mandy</b>
CITY-ST-ZIP	<b>GRENELEFE FL</b>	5.4 CITY-ST-ZIP	<b>3200 SR 546</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Grenelefe FL</b>
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 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 trustee 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 \_\_\_\_\_

CR2E034 (9/96)