

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

FILED  
Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L05511** (5)  
1. Corporation Name  
**S & J SPORTS MARKETING, INC.**



Principal Place of Business <b>502 PALM TRAIL DELRAY BEACH FL 33483 US</b>	Mailing Address <b>502 PALM TRAIL DELRAY BEACH FL 33483 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4540 S. BARWICK RANCH CIRCLE</b>		2a. Mailing Address 26 <b>4540 S. BARWICK RANCH CIRCLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 <b>DELRAY BEACH, FL.</b>		27 City & State 28 <b>DELRAY BEACH, FL.</b>	
Zip 24 <b>33445</b>		Country 25 <b>PALESTINE</b>	
29 <b>33445</b>		30 <b>PALESTINE</b>	

3. Date Incorporated or Qualified <b>07/27/1989</b>	
4. FEI Number <b>65-0135217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROLFES, FRANK H., JR. 502 PALM TR DELRAY BEACH FL 33483</b>		10. Name and Address of New Registered Agent 81 Name <b>ROLFES, FRANK H. SR.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4540 S. BARWICK RANCH CIRCLE</b> 83 84 City <b>DELRAY BEACH</b> FL 85 Zip Code <b>33445</b>	
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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 *Frank H. Rolfes, Jr.* **FRANK H. ROLFES, JR.** 1-7-98  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROLFES, FRANK H., JR.</b>		1.2 NAME <b>ROLFES, FRANK H. SR.</b>	
STREET ADDRESS <b>502 PALM TR</b>		1.3 STREET ADDRESS <b>4540 S. BARWICK RANCH CIRCLE</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>		1.4 CITY-ST-ZIP <b>DELRAY BEACH, FL. 33445</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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.

SIGNATURE *Frank H. Rolfes, Jr.* **FRANK H. ROLFES, JR.** 1-7-98

CR2E034 (10/97)