

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L20437

(4)

1. Corporation Name

BLACKMAN SPORTS, INC.



Principal Place of Business

6004 COURTSIDE DR WEST
BRADENTON FL 34210

Mailing Address

6004 COURTSIDE DR WEST
BRADENTON FL 34210

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

g. Name and Address of Current Registered Agent

BLACKMAN, COURTNEY
6004 COURTSIDE DR WEST
BRADENTON FL 34210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and date of appointment

(Print) Registered Agent signature, typed or printed name and date

DATE

12. OFFICERS AND DIRECTORS

1. TITLE [] DELETE

NAME: BLACKMAN, COURTNEY
STREET ADDRESS: 6004 COURTSIDE DR WEST
CITY-STATE-ZIP: BRADENTON FL

2. TITLE [] DELETE

NAME: BLACKMAN, GLORIA
STREET ADDRESS: 6004 COURTSIDE DR WEST
CITY-STATE-ZIP: BRADENTON FL

3. TITLE [] DELETE

NAME: BLACKMAN, MARTIN
STREET ADDRESS: 6004 COURTSIDE DR WEST
CITY-STATE-ZIP: BRADENTON FL

4. TITLE [] DELETE

NAME: [] DELETE

5. TITLE [] DELETE

NAME: [] DELETE

6. TITLE [] DELETE

NAME: [] DELETE

7. TITLE [] DELETE

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)(g), 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.

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

SIGNATURE:

GLORIA BLACKMAN
SECRETARY/TREASURER

4-4-96; 753-9543

CR2E034 (12/95)