

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR -3 AM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L23645

1. Corporation Name

Sports Island, USA, Inc.

W98-5638

Principal Place of Business
790 Hickory Lane
Palm Harbor, FL 34683

Mailing Address
790 Hickory Lane
Palm Harbor, FL 34683

REINSTATEMENT 96-98
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/17/1989		59-2978045		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		58.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing		55.00 May Be Added to Fees			
24 Country		29 Country		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Melvin K. Silverman
2455 East Sunrise Blvd., Suite 410
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent
81 Name: John R. Bichsel
82 Street Address (P.O. Box Number is Not Acceptable): 790 Hickory Lane
83 City: Palm Harbor
84 City: FL 85 Zip Code: 34683

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: John R. Bichsel

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Nicholas Stracick	1.2 NAME	
STREET ADDRESS	461 Dorrance Ave., Suite 211	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lackawanna, NY 14218	1.4 CITY-ST-ZIP	
TITLE	Chairman of the Board	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Edward Russell	2.2 NAME	
STREET ADDRESS	2 Virginial Place	2.3 STREET ADDRESS	
CITY-ST-ZIP	Buffalo, NY 14202	2.4 CITY-ST-ZIP	
TITLE	Director	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Edward Fletcher	3.2 NAME	
STREET ADDRESS	425 W. Colonial Dr. Suite 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32604	3.4 CITY-ST-ZIP	
TITLE	Director	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	John Bichsel	4.2 NAME	
STREET ADDRESS	790 Hickory Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34683	4.4 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: Jack Bichsel - Jack Bichsel

2/02/98

813-288-9665

CR2E034 (10/97)