

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 99 AUG 19 AM 9:15

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000001365

SPORTS TACTICS L.C.
P.O. BOX 1817
WINDERMERE FL 34786

1a. Principal Place of Business Address
5002 AUTUMN RIDGE COURT
WINDERMERE FL 34786

2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

3. Date Organized or Qualified **08/06/1998** 3a. State of Formation **FL**
 4. FEI Number Applied For Not Applicable
 5. Date of Last Report 6. Certificate of Status Desired \$175 Additional Fee Required

7. Name and Address of Current Registered Agent
HUMPHRIES, J. GREGORY
20 NORTH ORANGE AVE., SUITE 1000
ORLANDO FL 32801

8. Name and Address of New Registered Agent/Office
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ Zip Code **FL**

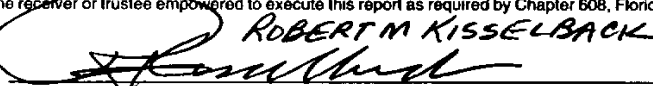
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KISSELBACK, ROBERT M	5002 AUTUMN RIDGE COURT	WINDERMERE FL

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11 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address:

SIGNATURE:  **ROBERT M KISSELBACK**
 Date **8/12/99** Daytime Phone # **407 491 8860**