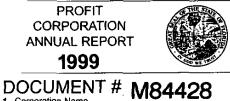
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

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ANGLO/AMERICAN SPORTS, INC.	

	NIVIENIONI SPONTS, INC.										
Principal Place	e of Business	Mailing Add	ress				\$418411 41 18111 \$1511 #(B)	, 1815 81857 8			
1311 COMMERC	CE LANE	1311 COMME	RCE LANE								
STE 22 STE 22						į	DO NOT W	OTE IN THE	CDACE		
JUPITER FL 33458 JUPITER FL 33458						-	DO NOT WRITE IN THIS SPACE				
US		US				ļ	3. Date Incorporated or Qualife	eu			ļ
		1					06/03/1988		11.	attack Face	1
2. Principal P	face of Business	<u></u> ⊢ ¬	2a. Mailing Address				4. FEI Number		├	plied For	1
21			26				65-0063765			ot Applicable	ł
Suite, Apt.	#, etc.		ot. #, etc.				5. Certifcate of Status Desired		T - 11 - 1	Additional equired	
22		27									
City & State City & State							6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			,	
23		28		Count			Trust Fund Contribution			to rees	1
Zip	Country	Zip	ra	_	ıy		8. This corporation owes the co	urrent year int	angible ☐ Yes	□No	1
24	25	[29]		0			Personal Property Tax. 10. Name and Address of New	u Pagistarad			┨
	9. Name and Address of Curre	nt Registered Ag	ent	8	1 Name		10. Name and Address of Nev	w Negistered	Agent		ł
COM	IMANDER, JONATHAN D.			ا ا	(Valine		<u></u>]
	NORTH FLAGLER			8	2 Street	Addres	s (P.O. Box Number is Not Acce	ptable)			1
											-
	E 1001			8	3						ļ
WES	T PALM BEACH FL 33401			8	4 City				85 Zip	Code	
					1			F <u>L</u>	<u>. </u>		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such d	change was aut	horized b	y the corp	corpora oration'	ation submits this statement for t s board of directors. I hereby acc	he purpose of cept the appoi	changing its ntment as re	registered gistered	
SIGNATURE											١.,
	Signature, typed or printed name of registered ag										
			(NOTE: F	-	ent signature	required wi	hen reinstating)	DATE	ID DIRECTO	10S IN 12	ä
12.	OFFICERS A	ND DIRECTORS		13.		required wi	hen reinstating) ADDITIONS/CHANGES TO				11/08
TITLE	PSD OFFICERS A	ND DIRECTORS	DELETE	13. 1.1 TITLE		required wi			ND DIRECTO	DRS IN 12	111/0R
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TITLE	OFFICERS A PSD SHORES, CAROLYN 7100 FAIRWAY DR #42	ND DIRECTORS		13. 1.1 TITLE 1.2 NAM		/3/	ADDITIONS/CHANGES TO	OFFICERS AN			
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: _

SHORES

561-743-0707