

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M98608 (6)

SPORTS CENTRAL, INC.



Principal Place of Business: % ROBERT GRUENNERT, 201 W. OAK ST., ARCADIA FL
Mailing Address: % ROBERT GRUENNERT, 201 W. OAK ST., ARCADIA FL

3. Date Incorporated or Qualified: **09/15/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0069287**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**GRUENNERT, ROBERT
201 W. OAK STREET
ARCADIA FL**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: *Robert Gruennert* (Typed Name: Robert Gruennert) Date: **6/21/96**

12. OFFICERS AND DIRECTORS
D DELETE
TITLE: **D**
NAME: **GRUENNERT, ROBERT**
STREET ADDRESS: **RT. 1, BOX 166W**
CITY - ST - ZIP: **ARCADIA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
11 TITLE: **D**
12 NAME: **GRUENNERT, Robert**
13 STREET ADDRESS: **468 WABASH TERRACE**
14 CITY - ST - ZIP: **PT. CHARLOTTE, FL 33952**

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Robert Gruennert* (Typed Name: Robert GRUENNERT) Date: **7/13/96**

CR2E034 (3/96)

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***225.00**