

FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90068 040 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N19857

1. Corporation Name
AMERICAN SKY SPORTS, INC.

Principal Place of Business
1417 E 109 AVE
TAMPA FL 33612
US

Mailing Address
1417 E 109 AVE
TAMPA FL 33612
US



2. Principal Place of Business 21 6510 NW 33 rd st		2a. Mailing Address 26 6510 NW 33 St		3. Date Incorporated or Qualified 03/26/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2786243	
22		27		Applied For Not Applicable	
23 City & State Gainesville FL		28 City & State Gainesville FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32653		29 Zip 32653		30 Country Alachua	
25 Country Alachua		31 Country Alachua		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PAYNE, JAMES D. 12701 US 19, STE C SUITE #2 HUDSON 34667				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			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James D. Payne* DATE **3/19/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PAYNE, JAMES D.	1.2 NAME					
STREET ADDRESS	1417 E 109 AVE	1.3 STREET ADDRESS	6510 NW 33rd St				
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Gainesville FL 32653				
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WATT, DAVID	2.2 NAME	1716 Westerly Dr				
STREET ADDRESS	4204 E. 98TH AVENUE	2.3 STREET ADDRESS	Brandon FL 33511				
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PAYNE, PAMELA B.	3.2 NAME	6510 NW 33 St				
STREET ADDRESS	1417 E. 109TH STREET	3.3 STREET ADDRESS	Gainesville FL 32653				
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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 617, 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: *James D. Payne* DATE **3/19/99** DAYTIME PHONE # **352 3769401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)