

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22062** (6)
1. Corporation Name
T.S.C. SPORTS PROGRAM, INC.



Principal Place of Business % JOE CANGIALOSI 10157 N.W. 21ST STREET PEMBROKE PINES FL 33026	Mailing Address % JOE CANGIALOSI 10157 N.W. 21ST STREET PEMBROKE PINES FL 33026-1801
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3. Date Incorporated or Qualified 08/17/1987	3a. Date of Last Report 03/20/1996
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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
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4. FEI Number 65-0025341	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CANGIALOSI, SHARON 10157 N.W. 21 STREET PEMBROKE PINES FL 33026	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.05(2) and 617.15(8), 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 617.05(3), Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CANGIALOSI, JOSEPH
STREET ADDRESS	10157 N.W. 21ST ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	CANGIALOSI, SHARON
STREET ADDRESS	10157 N.W. 21ST ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PERIN, CARROLL
STREET ADDRESS	11010 N.W. 18TH ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NERZIG, BOB
STREET ADDRESS	840 AMHERST AVENUE
CITY-ST-ZIP	DAVIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PALMER, JIM
STREET ADDRESS	6360 S.W. 3 STREET
CITY-ST-ZIP	MIRAMAR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Sharon Cangialosi (Supreme Manager)* 1/30/97 951-4131-5582

CR2E037 (9/96)