

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000002829 (0)**

1. Corporation Name

**GOOD SPORTS, INC.**



Principal Place of Business

Mailing Address

ATTN: ANTHONY A. KALLICHE  
6161 BLUE LAGOON DRIVE #250  
MIAMI FL 33126

ATTN: ANTHONY A. KALLICHE  
6161 BLUE LAGOON DRIVE #250  
MIAMI FL 33126

3. Date Incorporated or Qualified  
**06/21/1993**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5201 Blue Lagoon Dr.**

26 **5201 Blue Lagoon Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#100**

27 **#100**

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALLICHE, ANTHONY A**  
**6161 BLUE LAGOON DRIVE**  
**#250**  
**MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5201 Blue Lagoon Dr #100**

83

84 City

**MIAMI**

**FL**

85

Zip Code  
**33126**

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

*Kalliche Anthony Kalliche*

(NOTE: Registered Agent signature required when reinstating)

**1/19/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **KALLICHE, ANTHONY A**  
CITY - ST - ZIP **6161 BLUE LAGOON DRIVE, #250**  
**MIAMI FL**

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **5201 Blue Lagoon Dr. #100**  
14 CITY - ST - ZIP **MIAMI, FLA.**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **BREIT, RICHARD H**  
CITY - ST - ZIP **3111 STIRLING ROAD**  
**FORT LAUDERDALE FL**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **MANNE, STEVEN**  
CITY - ST - ZIP **5915 PONCE DE LEON BLVD.**  
**CORAL GABLES FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **EPSTEIN, JOSEPH**  
CITY - ST - ZIP **700 S.E. 3RD AVE., STE. 400**  
**FT. LAUDERDALE FL**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kalliche Anthony Kalliche, President* **1/19/96** **305-862-4433**

Date

Daytime Phone #

CR2E037 (12/95)