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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002829 (0)**

1. Corporation Name

GOOD SPORTS, INC.



Principal Place of Business

Mailing Address

5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126
US

5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126
US

3. Date Incorporated or Qualified

06/21/1993

4. FEI Number

65-0426502

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALLICHE, ANTHONY A
5201 BLUE LAGOON DRIVE
100
MIAMI FL 33126

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 617.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**
KALLICHE, ANTHONY A
STREET ADDRESS **5201 BLUE LAGOON DRIVE 100**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **DT**
EPSTEIN, JOSEPH
STREET ADDRESS **750 S.E. 3RD AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

SIGNATURE:

Kalliche, Anthony **1/5/98** **305 262 4433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)