

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90159 005 ****61.25

DOCUMENT # N93000003623

1. Corporation Name

S.M.A.R.T. SPORTS, INC.

Principal Place of Business

6161 N.W. 9TH AVE.
MIAMI FL 33127
US

Mailing Address

6161 N.W. 9TH AVE.
MIAMI FL 33127
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/10/1993

4. FEI Number

65-0476222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEROY, DOMINIQUE D
169 E. FLAGLER
SUITE 1428
MIAMI FL 33131

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 617.0502 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

TITLE ☐ DELETE

NAME **PD**
LANDRY, KELLY
STREET ADDRESS **1125 N.W. 126 CT**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ DELETE

NAME **D**
SIMMS, LEAH
STREET ADDRESS **67 NE 94TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**
CHAMPION, JAMES
STREET ADDRESS **6595 NW 36TH STREET #114**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**
COHEN, ALAN
STREET ADDRESS **150 W. FLAGLER STREET #2600**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**
CHISM, PAM
STREET ADDRESS **FUNB 1541 SUNSET DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **D**
LAPHALLE, FULLER
STREET ADDRESS **14595 SW 82ND AVE.**
CITY-ST-ZIP **MIAMI FL 33158**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Landry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

(305) 751-1295

Daytime Phone #

CR2E037 (11/98)

0029117