

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 OCT 13 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002797 (6)

1. Corporation Name  
CMD SPORTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
883 GARNET CIRCLE  
FT. LAUDERDALE FL 33326

Mailing Address  
883 GARNET CIRCLE  
FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
4. FEI Number N96000002797	<input checked="" type="checkbox"/> Applied For <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1419 Lantana Dr Suite, Apt. #, etc. 22 City & State 23 Weston FL Zip 24 33326	2a. Mailing Address 26 1419 Lantana Dr Suite, Apt. #, etc. 27 City & State 28 Weston FL Zip 29 33326
---	--

9. Name and Address of Current Registered Agent

PULERI, CHARLES  
883 GARNET CIRCLE  
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name Puleri Charles	85 Zip Code 33326
82 Street Address (P.O. Box Number is Not Acceptable) 1419 Lantana Dr	
83 City Weston FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PULERI, CHARLES
STREET ADDRESS	883 GARNET CIRCLE
CITY-ST-ZIP	FT. LAUDERDALE FL 33326
TITLE	D
NAME	DUBUC, MAURICE
STREET ADDRESS	15840 WESTWIND CIRCLE
CITY-ST-ZIP	FT. LAUDERDALE FL 33326
TITLE	D
NAME	BOGUSLAW, LENNY
STREET ADDRESS	2919 BAHAMA DRIVE
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Puleri, Charles
1.3 STREET ADDRESS	1419 Lantana Dr.
1.4 CITY-ST-ZIP	Weston FL 33326
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dubuc Maurice
2.3 STREET ADDRESS	DAVIC FL
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: Ch SIGNATURE REQUIRED Puleri 8/26/97 954

CR2E037 (4/97)