

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 30 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 # N96000002797 (6)

1. Corporation Name

CMD SPORTS, INC.

Principal Place of Business

1419 LANTANA DR  
WESTON FL 33326

Mailing Address

1419 LANTANA DR  
WESTON FL 33326

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

APPLIED FOR

650672624

Applied For

Not Applicable

2. Principal Place of Business

21 16243 CAYUGA CIRCLE

Suite, Apt. #, etc.

22

City & State

23 DAVIE, FL

Zip

24 33331

Country

25 U.S.A.

2a. Mailing Address

26 16243 CAYUGA CIRCLE

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FL

Zip

29 33331

Country

30 U.S.A.

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

PULERI, CHARLES  
1419 LANTANA DR  
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name

MAURICE DUBUC

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

16243 CAYUGA CIRCLE

83

84 City

DAVIE

FL

85 Zip Code

33331

11. Pursuant to the provisions of sections 617.0502 and 617.1501, 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)

8/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
PULERI, CHARLES  
STREET ADDRESS 1419 LANTANA DR  
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ DELETE

NAME D  
DUBUC, MAURICE  
STREET ADDRESS 15840 WESTWIND CIRCLE  
CITY-ST-ZIP DAVIE FL 33326

TITLE ☐ DELETE

NAME D  
BOGUSLAW, LENNY  
STREET ADDRESS 2919 BAHAMA DRIVE  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 (PRESIDENT ALSO) D/P ☒ 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 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

MAURICE DUBUC

8/26/98

(959) 680-3120

Date

Daytime Phone #

CR2E037 (5/98)