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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700005341 (9)

A SPORTING CHANCE, INC.

FILED Mar 12 1998 8:00am Secretary of State

| Principal Place of Business | | | Mailing Address | | | | | L LURKITOF OID PRIIT INDIT BUILL BUILL BUILL | II BBIII BBIŞI BIIBB (IIII | 91981 (181 1 08) | |
|--|--|---|--|--------------------------------|------------------------------|------------------|---|---|---|--------------------------------|--|
| 7915 SW 86 STREET #721 MIAMI FL 33143 | | | 7915 SW 86 STREET #721 MIAMI FL 33143 | | | | | 3. Date Incorporated or Qualified 09/19/1997 4. FEI Number | A | pplied For | |
| A A | | | A- 4 (1) | | | | | 45-0785119 | | lot Applicable | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 5. Certificate of Status Desired | | Additional Required | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing | \$5.00 | | |
| 22 | | | 27 | | | | | Trust Fund Contribution | Added 1 | to Fees | |
| City & State | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| Zip Country | | | Zip Country | | | | This corporation owes or has paid the current year Intangible | | | | |
| 24 | 25 | · } | 29 | <u> </u> | 30 | | Ì | Personal Property Tax due June 3 | ` ` | No | |
| | 9. Name and Addr | ess of Current R | egistered Age | nt | | | | 10. Name and Address of New Regi | stered Agent | | |
| | | | | | 81 | Name | | | | | |
| STEIN, RICHARD ALAN | | | | | 82 | Street | Addres | ddress (P.O. Box Number is Not Acceptable) | | | |
| 7915 SW 86 STREET #721 MIAMI FL 33143 | | | | | | | | | | | |
| THE WALL | 2 00110 | | | | 84 | City | | | 9E 7in | Code | |
| | | | | | | | | | FL | | |
| 11. Pursuant office or | to the provisions of Sec registered agent, or bot | tions 617.0502 ar h, in the State of I | nd 617.1508, F Florida, Such c | lorida Statute hange was au | s, the above uthorized by | named the cor | corpor poration | ation submits this statement for the pur n's board of directors. I hereby accept | rpose of changing the appointment as | its registered s registered | |
| | ım famitiar with, and so | cept the obligation | ns of, Section t | 17.0503, Fior | rida Statules | i. | | | | | |
| SIGNATURE | Signature, typed or printed nan | ne of registered agent an | nd title if applicable. | (NOTE: | Registered Age | nt signature | e required | when reinstating) | DATE | | |
| 12. | | OFFICERS AND D | | | 13. | | T-A | ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE | Executive Dive | doe | L |] DELETE | 1.1 TITLE | | | cutive Director | L. Change | Addition | |
| NAME | Richard Ste | | | | 1.2 NAME | 4DD0500 | | 55036 St. #721 | | | |
| STREET ADDRESS CITY-ST-ZIP | 7915 9W 86 5 | • | | | 1.3 STREET 1.4 City-S | | Mia | mi, fl. 33143 | | | |
| TITLE | Treatiker | .,, | | DELETE | 2.1 TITLE | I-ZIP | | asurur - D | Change | Addition | |
| NAME | Lennye Bruell | - T | - | | 2.2 NAME | | | ye B. Wellins | | | |
| STREET ADDRESS | 5611 Maggiore | e #∙ | | | 2.3 STREET | ADDRESS | | maggiore st. | | | |
| CITY-ST-ZIP | Carol Gables, Fl. | 33416 | | | 2. 4 CITY - S | T-ZIP | | 1 Gables, Fl. 33144 | | | |
| TITLE | Secretiment | 2 | L |] Deleté | 3.1 TITLE | | | where - D | Change | Addition | |
| NAME | Steve Wilson | Cincle Texa | Lau_ | | 3.2 NAME | | 11304 | 5 SW 114 Creck Treasure | - | | |
| STREET ADORESS | 11305 Swith | 1 | | | 3.3 STREET | | | mi, Fl. 33176 | | | |
| CITY-ST-ZIP TITLE | priami, 1-1. 3 | × 14 | | DELETE | 3.4. CITY-S 4.1 TITLE | 1-212 | 1000 | , 1 (1) | Change | Addition | |
| NAME | | | | | 4. 2 NAME | | | | | _ | |
| STREET ADDRESS | | | | | 4.3 STREET | ADDRESS | | | | } | |
| CITY-ST-ZIP | | | | | 4.4 CITY-ST | i - ZIP | <u> </u> | | | | |
| TITLE | | | | DELETE | 5.1 TITLE | | | | Change | Addition | |
| NAME | II: | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | | 5.3 STREET | | | | | | |
| CITY-ST-ZIP | | | | DELETE | 5.4 CITY - ST | - ZIP | | <u> </u> | Change | Addition | |
| TITLE | | | <u>. </u> | DLLLIC | 6.1 TITLE 6.2 NAME | | | | Onange | | |
| NAME Street adoress | | | | | 6.3 STREET | ANDRESS | | | | | |
| CHICK MUDICOO | | | | | A'S OLIVER L | | t | | | | |

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 one attachment with an address.

SIGNATURE

Zicho & Oi Shimille

2/22/98

305-196-7772