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**PROFIT** CORPORATION : ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90090 017 \*\*\*158.75

## DOCUMENT # P14752

FTM SPORTS CORPORATION

Frincipal Plac	e or business	Mauling Address									
201 S BISCAYNE BLVD. MIAMI CENTER - SUITE 2000 MIAMI FL 33131		201 S BISCAYNE BLVD. MIAMI CENTER - SUITE 2000 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
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		<u> </u>	<u> </u>			06/08/.19	<del>987</del>	<u>*</u>	<u>به سر ، سپیر</u>		
<ol><li>Principal P</li></ol>	Place of Business	2a. Mailing Address				4. FEI Numbe				-   A	pplied For
21		26				<u>95-3939</u>	875			l N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate	of Status De	sired	N/		Additional equired
City & Stat	te	City & State				6. Election Ca	ampaign Fin	ancing		\$5.00	May Be
23		28			Į.		Contribution	_			to Fees
Zip	Country	Zip	Coun	trv		8. This corpo			nt vear Int		
	25 29		30				Property Tax.		it your int	Yes	□No
24	9. Name and Address of Current I	<del></del>	<u>ره</u>			10. Name and	<del></del>		nietorod		
	9. Name and Address of Current I	Registered Agent		B1 Nan		10. Name and	Addiesa	I HOW ICC	gistered	Agoin	
000	OFF OTHER		'	וומוויס	ile						
	GER, STUART		ta	B2 Stre	Street Address (P.O. Box Number is Not Acceptable)						
201 SOUTH BISCAYNE BLVD., SUITE 2		2000	1								
MIAN	MI FL 33131		[7	83		<u> </u>					
			Į.	84 City					FL	, [	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove-nam	ed corpora	ition submits th	is statement	for the po	urpose of	changing its	registered
office or re	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	norized I	by the co	orporation's	s board of direc	tors, I hereb	y accept t	the appoi	ntment as re	egistered
SIGNATURE			_								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ro			egistered A	gent signatu	ure required wh	nen reinstating)			DATE		
12.	OFFICERS AND	<del></del>	13.			ADDITIONS	/CHANGES	TO OFFI	CERS AN		
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITL	E		ADDITIONS	/CHANGES	TO OFFI	CERS AN	D DIRECTO	Addition
	PTD	<del></del>				ADDITIONS	/CHANGES	TO OFF	CERS AN		
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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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

895-5625