FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90084 043 ***150.00

	1999	DIVISION OF CO	RPORATIONS	05-11-1555 50004 0-	15 150	
	MENT # P92000	D10083	-			
1. Corporation Name PALM BEACH SPORT BROKERS, INC.						
23086 ISLAND VIEW DRIVE, #1						
BOG RATON FL 33433-7185 Principal Place of Business Mailing Address				-		
_	M BEACH SPORT	BROKERS, INC				
230	186 ISLAND VIEW	N DRIVE, #1		DO NOT WRITE IN THIS	SPACE	
Boo	CA RATON FL	33433-7185	-	3. Date Incorporated or Qualifed		
	lace of Business	2a. Mailing Address	>	4. FEI Number	Apr	olied For
21		26		65-0370011	Not	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	- <u> </u>	5. Certifcate of Status Desired	\$8.75 A Fee Rec	I .
City & State 23	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year Inta		6 7
24	9. Name and Address of Current	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered A		X(No
		Registered Agent	81 Name	To. Manie and Madress of New Wednesday	.90	
JAM	es Labret	.	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
230	386 ISLAND VIE	in DRIVE, #1				
B	CA RATON FL	321132 - 7105	83			-
120	CH NAION FL	22422 (182	84 City	FL	85 Zip C	ode
 office or re 	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	orized by the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	hanging its r tment as reg	registered istered
SIGNATURE	<u></u>					
12.	Signature, typed or printed name of registered agent OFFICERS ANI		gistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO	RS IN 12
TITLE	JAMES LABRET	☐ DELETE	1.1 TITLE		Change	Addition
NAME	One and the second	1 0 70	1.2 NAME			ĺ
STREET ADDRESS	33086 IZTUNO	VIEW DRIVE TI	1.3 STREET ADDRESS		•	
CITY-ST-ZIP TITLE	BOCA RATOM FL	33433-1185	14 CITY-ST-ZIP 2.1 TITLE		☐ Change	☐ Addition
NAME		C DEECE	2.2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CITY-ST-ZIP			-2. 4 CITY-ST-ZIP			
TITLE		☐ DELÉTE	3.1 TITLE		Change	☐ Addition
NAME [3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			}
CITY-ST-ZIP TITLE		☐ DELETE	41 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS		ļ	4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP		F7.01	
TIZLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CIT*-ST-ZIP			54 CITY-ST-ZIP			}
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			}
CITY, ST. 7IP		ار د	P6.4 CITY-ST-ZIP			ì

14. hereby certify that the information surplied with this fling 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 of 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, of on an attast ment with an address, with all other like empowered.

SIGNATURE: