PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1, Corporation Name

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90092 025 ***150.00

' ALL-AME	RICAN VOLLEYBALL, INC.						
Principal Place	e of Business	Mailing Address				at centi autoa arcut	
10397 SLEEPY		10397 SLEEPY BROOK WAY					
BOCA RATON FL 33428 BOCA RATON FL 33428				DO MOT WRITE MITHIN CRACE			
Ì					DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed		
					12/07/1992 4. FEI Number	1 1 4 5 1	olied For
	lace of Business	2a. Mailing Address	لوستسد في برز	مالک است	65-0390449		Applicable
21		Suite, Apt. #, etc.			0570390449	\$8.75 A	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	Fee Re	
22 City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
23	6	28		•	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year	ntangible	
24	25	⊢ ` ~	30		Personal Property Tax.		□No
	9. Name and Address of Current		7		10. Name and Address of New Registere	d Agent	
			81	Name			
	AH, MICHAEL		82	Ctront An	dress (P.O. Box Number is Not Acceptable)		
1039	97 SLEEPY BROOK WAY		02	Street Ad	uress (F.O. Box Number is Not Acceptable)		Ì
BOC	A RATON FL 33428		83	1			
	•		<u> </u>	<u> </u>		. 85 Zip C	- do
1			84	City	F	L 85 Zip C	,0da
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agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statute: of Florida. Such change was au- tions of, Section 607.0505, Flori	s, the above thorized by da Statutes	e-named co the corpora s.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section 607.0303, Flori	da Statutes	· 	pired when reinstating) DATE		
agent. I a	Signature, typed or printed name of registered agen	tions of, Section 607.0303, Flori	da Statutes	· 		AND DIRECTO	RS IN 12
agent. I a	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: I	Registered Age	· 	pired when reinstating) DATE		
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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 an attrictment with an address, with all other like empowered.

SIGNATURE:

_CR2E034 (11/98)