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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007579 (4)

SCS SPORTS & ENTERTAINMENT CONSULTING SERVICE IN TERNATIONAL, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 30 1997 8:00am Secretary of State



2507 OKEECHOBEE LANE FT. LAUDERDALE FL 33312 US			2507 OKEECHOBEE LANE FT. LAUDERDALE FL 33312-4623 US									
							<ol> <li>Date Incorporated or Qualified 01/29/1993</li> </ol>					
2. Principal F	Place of Busine	\$55	2a. Mailing Addre	ss			4. FEI Number	<del></del>	L	App	lied For	
21			26				65-0387129		$\Box$	Not	Applicable	
Suite, Apt	#, etc		Suite, Apt. #, 6	otc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country Zip Co 25 29 30					ountry  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
		nd Address of Curre	nt Registered Agent			· · · · ·	10. Name and Address of New Re	gistered /	\gent			
	RRY, DIANE N				81	Name						
2455 E SUNRISE BLVD SUTIE 905					82	Street	Address (P.O. Box Number is Not Acceptab	le)				
FTI	LAUDERDALI	E FL 33304			83							
					84	City		FL	85	Zip C	ode	
office or a	registered age am familiar with	nt, or both, in the State i, and accept the oblig	e of Florida. Such chang gations of, Section 607.0	e was authoriz 505, Florida St	ed by atute	y the corp s.	corporation submits this statement for the portion's board of directors. I hereby access	of the app	chang ointmer	ing its	registered egistered	
10	Signature typed or	r printed name of registered ag	gent and title if applicable	·····		ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE EDC AND	DIPEC	TOP	1N 12	
12.	PTD	OFFICERS AF	DEL	FTE 11	TITLE		Vice President + Secreta		Cha		Addition	
NAME	1 –	er, bernard			NAME		Hellmeyer, Berna,	~' (			~	
STREET ADDRESS	AEAT AVE	ECHOBEE LANE				ADDRESS :	2507 Oree enobee	ane.				
CITY-ST-ZIP	FT LAUDE	RDALE FL				57 - ZIP	EL LANDONDALO EL	333	14			
TITLE	VPS		DEL.		TITLE	<del></del>	11. 544-641		☐ Cha	nge	Addition	
NAME		er, constance	•	2.2	NAME							
STREET ADDRESS		ECHOBEE LANE		2.3	STREE	ADDRESS						
CITY - ST - ZIP	FT. LAUDE	RDALE FL			CITY-	ST-ZIP						
TITLE			[] DEL	ETE 3.1	TITLE				Cha	nge	Addition	
NAME					NAME							
STREET ADORESS						ADDRESS						
CITY-ST-ZIP TITLE			DEL		CITY- TITLE	ST-ZIP			Cha		Addition	
NAME			F 200	1	NAME				VIII	ндо	E.J POORION	
STREET ADDRESS				1		I ADDRESS						
CITY-ST-ZIP						ST-ZIP						
THLE	<u> </u>		☐ DEL		TITLE				Cha	nge	Addition	
NAME					NAME							
STREET ADDRESS				5.3	STREE	T ADDRESS	:					
CITY ST ZIP						ST-ZIP	· ·					
TITLE		······································	☐ D£L	ETE 6.1	TITLE				Cha	ınge	☐ Addition	
NAME				62	NAME							
STREET ADDRESS				6.3	STREE	T ADDRESS						
CITY - ST - ZIP				6.4	CITY-:	ST-ZIP	•					

information indicated on this annual report or supplied with this filling 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 occupied or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an appearance with an address.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR