


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

FILED

Jun 03 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthant</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000008598 (3)**

1. Corporation Name  
**PALOMINO SPORTS, INC.**

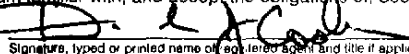


Principal Place of Business <b>2330 SUCCESS DRIVE ODESSA FL 33556-9430</b>	Mailing Address <b>2330 SUCCESS DRIVE ODESSA FL 33556-9430</b>
---	---

2. Principal Place of Business 21 <b>8513 Sunstate St.</b>		2a. Mailing Address 26 <b>8513 Sunstate St.</b>		3. Date Incorporated or Qualified <b>02/03/1993</b>	3a. Date of Last Report <b>07/01/1996</b>
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3170720</b>	Applied For Not Applicable
City & State 23 <b>Tampa, FL</b>		City & State 28 <b>Tampa, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33634</b>		Zip 29 <b>33634</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

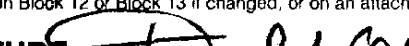
9. Name and Address of Current Registered Agent <b>HURST, SCOTT 2330 SUCCESS DRIVE SUITE 1400 ODESSA FL 33556</b>				10. Name and Address of New Registered Agent 81 Name <b>Daniel J. Cook</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8513 Sunstate St.</b> 83 84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33634</b>			
--	--	--	--	---	--	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) **S-28-97** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HURST, SCOTT			1.2 NAME	COOK, DANIEL J		
STREET ADDRESS	8639 N. HIMES, #3415			1.3 STREET ADDRESS	3401 Valencia Road		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa, FL 33618		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARRIOR, J R III			2.2 NAME			
STREET ADDRESS	501 E. KENNEDY BLVD., SUITE 1700			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DINGLE, PHILLIP S			3.2 NAME	ACOSTA, RANDALL		
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 3700			3.3 STREET ADDRESS	9314 PONTIAC DR		
CITY-ST-ZIP	TAMPA FL 33602			3.4 CITY-ST-ZIP	TAMPA, FL 33626		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, ED			4.2 NAME			
STREET ADDRESS	3012 WESTMINSTER			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 on an attachment with an address.

SIGNATURE  (Signature of Registered Agent)

CR2E034 (9/96)