

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUN 23 PM 2: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000031903 (6)**

1. Corporation Name  
**SPORT CITY ENTERPRISES, INC.**

Mailing Address  
**4560 TAMiami TRAIL  
CHARLOTTE FL 33960**

Principal Place of Business  
**4560 TAMiami TRAIL  
CHARLOTTE FL 33960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1993** 3a. Date of Last Report

2. Mailing Address		2a. Principal Place of Business		4. FEI Number		Applied For	
21		26		65-0405542		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contributor	
22		27		\$8.75 Additional Fee Required <input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under 5-199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29	30				

8. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
AL-ARNASI ABRAHAM 4560 TAMiami TRAIL CHARLOTTE HARBOR FL 33980				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when changing registered agent.)

12. OFFICERS AND DIRECTORS		13. CHANGE SET TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	AL-ARNASI ABRAHAM	12 NAME	
13 STREET ADDRESS	24258 HARBORVIEW RD	13 STREET ADDRESS	
14 CITY, ST, ZIP	PUNTA GORDA FL 33950	14 CITY, ST, ZIP	
21 TITLE	D	21 TITLE	
22 NAME	AL-ARNASI ABRAHAM JR	22 NAME	
23 STREET ADDRESS	24258 HARBORVIEW RD	23 STREET ADDRESS	
24 CITY, ST, ZIP	PUNTA GORDA FL 33950	24 CITY, ST, ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct 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 make this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *G. A. L.* 6-20-94 813 627 6264  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR