SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000037522 (8)**

1. Corporation Name
CHANCES SPORTS PUB, INC.

Principal Place of Business	Mailing Address
2009 N. ATLANTIC AVENUE COCOA BEACH FL 32931	2009 N. ATLANTIC AVENUE COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business — 21: LOOKING FOR LOCATION (NEW)
2a. Mailing Address — 26: 200 INTERNATIONAL DR
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27: # 815
City & State — 23:
City & State — 28: CAPE CANAVERAL, FLA
Zip — 24:
Country — 25:
Zip — 29: 32920
Country — 30: BREVARD

4. FEI Number: 59-3178459 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTHONY, ROBERT W
14 E. WASHINGTON S.
STE. 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: STEVEN O. ELLIS
82 Street Address (P.O. Box Number is Not Acceptable): 200 INTERNATIONAL DR
83: # 815
84 City: CAPE CANAVERAL — FL — 85 Zip Code: 32920

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: Steven O. Ellis — 7/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NELSON, ANDRE C 2009 N. ATLANTIC AVE COCOA BCH. FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT/VICE PRESIDENT STEVEN O'MARA ELLIS 200 INTERNATIONAL DR #815 CAPE CANAVERAL, FLA 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SECRETARY/TREASURER MARY BRATTON 280 HAYES AVE COCOA BEACH, FLA 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SHARE HOLDER BRENDA SPILLANE 35 CARIB DR MERRIT ISLAND, FLA 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500001916295 -08/08/96--01027--008 ***233.75	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Ellis (Pres) — STEVEN ELLIS (PRESIDENT) — 7/25/96 — 407 253-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #