SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

SIEEL	E-JOHNSON SPORTS	Marketing, II	NC.									
Principal Place	e of Business	Mailing /	Address				1 FORFILOGE HEG LOLOGO HEL	f Baril Daill Da	III UUITU IIIIU		POULDINA	
2315 BEACH 102-B	BLVD.	2315 B 102-B	EACH BLVD.									
	LE FL 32250		ONVILLE BEACH	FL 32250			3. Date Incorporated or	Qualified	3a. Date	of Lasi	l Report	
US		US					05/20/1993		08/	11/199	95	
Principal P	lace of Business	2a. Maili	ng Address				4. FE: Number				Applied F	
<u> </u>		26					59-3182787				Not Appli	
Suite, Apt.	#, etc.	}	, Apt. #, etc				5. Certificate of Status I	Desired			5 Addition Required	
City & State	e	27 City	& State				6. Election Campaign F	inancina			May B	
	-	28					Trust Fund Contributi	-			ed to Fees	
Zıp	Country	Zip		Cour	ntry		8. This corporation has	hability lor in	ntangible ta	x under	s 199.03	32,
	25	29		30			Florida Statutes			No		
	9. Name and Address of C	Current Registered	Agent		81	*I	10. Name and Address	of New Rec	istered Ag	ent		
	reele, allen j			ļ	ا'	Name						
2425 COSTA VERDE BLVD.					82	Street Addre	ess (P.O. Box Number is No	t Acceptabl	e)			
	NIT 311	0050		-	83							
JA	ACKSONVILLE BEACH FL 3	2250		Į.								
					84	City			FL	85 Z	ıp Code	
office or r agent. I a iGNATURE	to the provisions of Sections 60 egistered agent or both, in the imit familiar with, and accept the signature, typed or profes name of rigistic.		ch change was a ion 607.0505. Flo	authorized orida Statu	by th ites	ne corporatio	in's board of directors. I her	еру арсерт	tne appoint	ment as	s registere	ea
		ered agent and tine ir appro-	atric (NO	it Registered	Agent	signature require	d when reinstating)		[iA] E			
2.		RS AND DIRECTORS		it Hegestered	i Agen	signature require	d when reinstating) ADDITIONS/CHANGE	S TO OFFIC		DIRECT	ORS IN 12	2
***************************************	PSD					signature require		S TO OFFIC		DIRECTI Chang		
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SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6/11/94 904-247-4354