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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90259 046 \*\*\*150.00

## DOCUMENT # P93000043409

B & C SPORTS, INC.

						_			
Principal Place of Business Mailing Address							.,		
7052 INTERNAT	FIONAL DR	7052 INTERNATIONAL DR			Sala Care				
ORLANDO FL	32819	ORLANDO FL 32819			DO NOT WRITE IN	LTHIS S	SPACE		
US		US				3. Date Incorporated or Qualifed			
						06/14/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26	8			65-0418437		N <sub>1</sub>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Count			8. This corporation owes the current year intangible		erd.	
24	25 29 30		30			Personal Property Tax.		Yes	No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Regis	tered A	gent	
FRΔ	NCISCO CARDENAS ,		(		wame				
	2 INTERNATIONAL DR		82 Street Ad			ss (P.O. Box Number is Not Acceptable)			
	ANDO FL 32819		83						
ONE	ANDO 1 L 32019		1	03					
			Ī	84	City		FL	85 Zip	Code
<del> </del>				1		ration submits this statement for the purp	. —	honging its	samiotorad
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flonda. Such change was atlons of, Section 607.0505, F	autnonzed i Iorida Statut	by tes.	me corporation	n's board of directors. I hereby accept the	аррош	unent as re	sylstered 
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NO)	TE Registered A	gent	signature required	trior reviewing)	ATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND		
TITLE	DS	☐ DELETE	1.1 TITL	Æ				Change	Addition
NAME	NANCY CARDENAS,		1.2 NAM	Æ			٠.		
STREET ADDRESS	I * *		1.3 STR	EET	ADDRESS	¥***	•	•	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY		-ZiP			<u>,                                    </u>	
TITLE	DP	☐ DELETE	2.1 TITL	E				Change	☐ Addition
NAME	CARDENAS, FRANCISCO		2.2 NAM	Æ					
STREET ADDRESS	7052 INTERNATIONAL DR		2.3 STR	EET	ADDRESS	6 N S			
CITY-ST-ZIP	ORLANDO FL		2. 4 CIT		r-ZIP			F7.05	
TITLE		☐ DELETE	3.1 TITL					Change	, 🗍 Addition
NAME			3.2 NAM		ĺ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		CI DELETE	3.4. CIT		Γ-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITL					∐ Change	☐ Addidon
NAME			4, 2 NA			•			
STREET ADDRESS	}		4		ADDRESS				ļ
CITY-ST-ZIP		□ DELETE	4.4 CITY		-ZIP			☐ Change	- Addition
TITLE		☐ DELETE	5.1 TITL					- change	T Wanner
NAME	}		5.2 NAW		ADDRESS				-
STREET ADDRESS									Ì
CITY-ST-ZIP		□ perter	5.4 CITY 6.1 TITL		-415			Change	Addition
TITLE	}	DELETE	6.2 NAM		1			□ change	☐ Vanigon [
NAME					ADDDCCC				
STREET ADDRESS					ADDRESS				Į
CON OF THE	,		8.4 C/D	r - 25 f	-219-				,

14. 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 er an attachment with an address, with all other like appowered.

SIGNATURE: X\_