PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048049

1. Corporation Name

KICK SPORTS, INC.

Principal Place	of Business
5030 CHAMPION SUITE G-6-218 BOCA RATON F	BOULEVARD

Mailing Address

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90020 023 ***150.00



5030 CHAMPION BOULEVARD SUITE G-6-218 BOCA RATON FL 33496 5030 CHAMPION BOULEVARD SUITE G-6-218 BOCA RATON FL 33496		RD		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/09/1993		
2 Principal Pl	ace of Business	2a. Mailing Address		*******	4. FEI Number Applied For	
21		26			65-0476764 Not Applicat	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State			6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	a. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
	ERT, RICHARD I., ESQ. BERACASA WAY		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	E #208		83	3		
	A RATON FL 33433		L			
	,		84	City	FL 85 Zip Code	
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was at tions of, Section 607.0505, Floring and title if applicable. (NOTE:	ida Statute Registered Age	ine corpo s.	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		P New Address □Change □Aoo	
NAME	SCHWARTZ, HOWARD		1.2 NAME		SCHWARTZ, HOWARD	
STREET ADDRESS	5525 N MILITARY TR #1301	•	1.3 STREE	T ADDRESS	6783 N.W. 105th Lane Parkland, F1. 33076	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-	ST-ZIP	Parkland, F1. 33076	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Add	
NAME			2.2 NAME			
STREET ADDRESS	,		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	<u> </u>		. 2.4 CITY	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add	
NAME			3.2 NAME			
STREET ADDRESS	·		3.3 STREI	ET ADDRESS		
CITY-ST-ZIP	~		3.4. CITY-	ST-ZIP		
TITLE	,	☐ DELETE	4.1 TITLE		☐ Change ☐ Add	
NAME .			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	_	
TITLE		☐ DELETE	5.1 TITLE		Change Add	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Add	
NAME			6.2 NAME			
1 COURSE	J		1	ET ADDRESS		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-Z#P