May 05, 1999 8:00 am Secretary of State

05-05-1999 90226 009 ***150.00

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

DOCUMENT # P93000060153

SPORTACRES DEVELOPMENT GROUP, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|---|--|--------------------|------------------------|----------------|---|-------------------|--|
| · | | | CORAL WAY | IRAL WAY | | | |
| MIAMI FL 33145 MIAMI FL 33145 | | | | | | | |
| U\$ U\$ | | | | | | | DO NOT WRITE IN THIS SPACE |
| ! | | | | | | | 3. Date Incorporated or Qualifed 08/23/1993 |
| 2. Principal P | lace of Business | 2a. N | Mailing Address | | | | 4. FEI Number Applied For |
| 21 2 | | | ا ا | | | | 65-0444176 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 27 | | | | • | | | 5. Certificate of Status Desired Fee Required |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 28 | | | | | | | Trust Fund Contribution Added to Fees |
| Zip | | | | Countr | y | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. Yes No |
| | 9. Name and Address of Curre | nt Registe | red Agent | 8 | ī | M | 10. Name and Address of New Registered Agent |
| SCH | LOSBERG, DAVID I | | | 6 | | Name | |
| 2720 CORAL WAY | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33145 | | | - | 1 | | | |
| MIAMI FE 53 145 | | | 8: | 1 | | | |
| ŧ | | | | 84 | + | City | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607 | .1508, Florida Statute | es, the abov | ı e- | named corp | poration 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 | Signature, typed or printed name of registered age | ent and title if a | pplicable. (NOTE: | Registered Age | nt s | signature require | ed when reinstating) DATE |
| 12. | OFFICERS AI | ND DIREC | TORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | | ☐ DELETE | 1.1 TITLE | | | Change Addition |
| NAME | HEFFERNAN, WILLIAM J | | | 1.2 NAME | | | |
| STREET ADDRESS | 2720 CORAL WAY | | | 1.3 STREE | ΤA | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33145 | | | 1.4 CITY-5 | ST | ZIP | |
| TITLE | D | | DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | FELDMAN, MYER | | | 2.2 NAME | | | |
| STREET ADDRESS | 2720 CORAL WAY | | | 2.3 STREE | ΤA | ADDRESS | |
| CITY-ST-ZIP | 'MIAMI FL 33145 | | | 2. 4 CITY- | ST- | -ZIP | |
| TITLE | T | | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | VIDAL, HECTOR O | | | 3.2 NAME | | | |
| STREET ADDRESS | 2720 CORAL WAY | | | 3.3 STREE | TA | ADDRESS | • |
| CITY-ST-ZIP | MIAMI FL 33145 | | | 3.4. CITY- | ST- | | |
| TITLE | \$ | | ☐ DELETE | 4.1 TITLE | | V, | S |
| NAME | SCHŁOSBERG, DAVID I | | | 4, 2 NAME | | | |
| STREET ADDRESS | 2720 CORAL WAY | | | 4.3 STREE | ΤA | ADDRESS | |
| C/TY-ST-ZIP | MIAMI FL 33145 | | | 4.4 CITY-5 | Τ- | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | |) Ph | hillip YAFFA Change MAddition |
| NAME | | | | 5.2 NAME | _ | | So. BISCAYNE BLUD # 1100 |
| STREET ADDRESS | | | | 5.3 STREE | | ADDRESS 1 0 | The said |
| CITY-ST-ZIP | <u> </u> | | | 5.4 CITY-5 | T-, | ZIP M | niami, FL 33/3/ |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | • | | | 6.2 NAME | . . | 222505 | |
| STREET ADDRESS | | | | 6.3 STREE | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-5 | 1-2 | 21P | i |

14. I hereby certify that the information supplied with this filling 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 of 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 attactories with any address, with all other like empowered.

SIGNATURE