FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066100 (7)**

1. Corporation Name
SPORTS EVENTS, INC.

Principal Place of Business	Mailing Address
1803 A AUSTRALIAN AVENUE SUITE A W PALM BEACH FL 33409	1803 A AUSTRALIAN AVENUE SUITE A W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21: 19635-49 STATE Rd 7
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON
24: Zip: 33498
25: County: PALM BEACH

2a. Mailing Address
26: 19635-49 STATE Rd 7
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON
29: Zip: 33498
30: County: PALM BEACH

4. FEI Number: 65-0440960 ☐ 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

WASHOFSKY, MARTIN E
1803 S. AUSTRALIAN AVE.
SUITE A
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

01 Name: ANDY JAMES HEYGATE
02 Street Address (P.O. Box Number is Not Acceptable): 19635-49 STATE ROAD 7
03:
04 City: BOCA RATON FL 05 Zip Code: 33498

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: ANDY JAMES HEYGATE - RESIDENT/OWNER — DATE: 4/26/95
Signature, Typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	HEYGATE, ANDY J	12 NAME	HEYGATE, ANDY J
STREET ADDRESS	1803 S. AUSTRALIAN AVE. SUITE A	13 STREET ADDRESS	19635-49 STATE ROAD 7
CITY ST ZIP	W PALM BEACH FL 33409	14 CITY ST ZIP	BOCA RATON, FL. 33498
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 any attachment with an address.

SIGNATURE: — DATE: 4/26/95 — (407) 4774911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0248531 CP