

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

20 MAY - 1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036990 (7)

1. Corporation Name

NATIONAL SPORTS BROKER, INC.

Principal Place of Business

6574 N STATE RD 7
STE 294
COCONUT CREEK FL 33073

Mailing Address

6574 N STATE RD 7
STE 294
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered

05/12/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

65-0488173

Applied For

Not Applicable

Suite Apt # etc

Suite Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under § 193.022,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINEL, ROSS
6574 N STATE RD 7
STE 294
COCONUT CREEK FL 33073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent (Registered Agent must be a resident of Florida)

Signature of Registered Agent (Registered Agent must be a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	Ross Sinel
STREET ADDRESS	4974 S Ocean Gardens Trl
CITY, ST, ZIP	Boca Raton, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 Sections 193.03(2)(b), Florida Statutes. I further certify that the information supplied 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 registered or business agent, or both, to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ross Sinel

4/29/95

305 724 8010
Tallahassee, Florida