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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047027 (5)

AMERICAN SPORT LINE, INC.

FILED May 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				1 CONTINUE ILL CALIF ALBERT AND LE CONTRE	JOHN 01011 10011 00110 11011 1001 1901
4701 N. DIXIE HWY. 4701 N. DIXIE HWY.		4701 N. DIXIE HWY.			
BOCA RATON FL 33431 BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	V THIS SPACE
				06/20/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u></u>			IXIE HWY	65-0517260	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22 UNI	+5	27 Unit 5		5. Certificate of Status Desired	Fee Required
City & Stat	ليسسد لي	City & State		6. Election Campaign Financing	\$5.00 May Be
23 3000		28 BOCA RATEN	FI	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24 33	7 5 25 9. Name and Address of Curren	29 3343/ 3	<u>ol</u>	Personal Property Tax due June 3 10. Name and Address of New Regi	
		r vaðistalag Wågur	81 Name	10. Name and Address of New Negr	Protect Wildelit
JAMEL MICHELL					
				ress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431				N. Dixie Kwy	
			UN.	1.5	
			84 City	O.da	FL 85 Zip Code 3.343/
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Figure 3. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and cept the obligations of, Section 607.0505, Florida Statutes.					
1					
SIGNATURE	Signature, typed or printed nary of registered age	int and little if applicable (NO16 F	Registered Agent signature requi	red when reinstaling)	DATE
12.	DI FICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	JAMEL, MITCHELL W		1,2 NAME		
STREET ADDRESS	3370 NW 53RD CIRCLE		1.3 STREET ADDRESS		Į
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T prieve	2. 4 CITY-S1-ZIP		-
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - \$1 - ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE		C) bictit			C Change C Addition
NAME OVERT ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u>-</u>	☐ DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.2 STREET 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 suppliemental 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 arachurent with an appliess.