## 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 # P94000055680 (0)

INSTANT RE-PLAY SPORTS, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					L CORPORATI VIR ARIVA RACIN BRAIN BRAIN BRAIN BAIRS			
1410 19TH PL. 1410 19TH PL.								
			CH FL 32960			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	AUL	<del></del>
						07/25/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21 196	1144, 40C	26				65-0508192		lot Applicable
Sufte, Apt.	#, etc.	Suito, Apt #, etc.				5. Certificate of Status Desired		Additional
22 27 City & State City & State								Required
23 UER	O BEACH FL	28				Election Campaign Financing     Trust Fund Contribution		May Be to Fees
ー <sup>Zig</sup> って	Country I < A	Zip		untry		8. This corporation owes or has paid the curr	. ' .	
24 Jau	(CO 25 C)	29	30	· · ·				□ No
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered A	gent	
HOPE, THOMAS W					INATIS			
1410 19TH PL.				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
VE	RO BEACH FL 32960			83				
				$ $ $ $				
				84	City	FL	<b>85</b> Zip	Code
11, Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	ites the a	hove	e-named c	corporation submits this statement for the purpose of	hanging	its registered
office or r	registered agent, or both, in the State of	f Florida, Such change was	authorize	ed by	the corpo	oration's board of directors. I hereby accept the appo	intment a	s registered
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								
SIGNATURE	Stonature, typed or printed name of registered agent	and the disopteable (NO	11 Register	ed Age	int signature re	equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELET <b>é</b>	1.1 TITLE		T		Change	noilibbA
NAME	Hope, thomas w		1.2 1	IAME				-
STREET ADDRESS				TREET	ADDRESS			1
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 (	ny-s	T-ZIP			
TITLE			TILE			Change	☐ Addition	
NAME	HOPE, CAROL A		2.21	2.2 NAME				
STREET ADDRESS	1246 S.W. 16TH AVE.		235	TREET	ADDRESS			ļ
CITY-ST-ZIP	VERO BEACH FL 32960	briese		CITY-S	SI - ZIP		10000	1 4 1 100 - 1
TITLE	VSD DELETE 3.1					l	Change	Addition
NAME	ASADOURIAN, HARRY			AME				
STREET ADDRESS	<b>935</b> E. Causeway Blvd. Vero Beach Fl 32963				ADDRESS			
CITY-ST-ZIP TITLE	VERO BEACH PL 32903	DELETE	4.11	CITY-S	5T - 7IP		Change	Addition
NAME		FT OFFIE		NAME		'	ondige	First Markets
STREET ADDRESS			- 1		ADDRESS			
CITY-ST-Z#P				STY-S				ļ
TITLE		DELETE	5.1 1		, 211		Change	Addition
NAME		<del>-</del>		IAME				
STREET ADORESS					ADDRESS			
CITY-ST-ZIP				OTY-S				
TITLE		DELETE	611				Change	Addition
NAME			6.2	<b>LAME</b>				
STREET ADDRESS			6.3 9	TREET	ADDRESS			
CITY-ST-ZIP			6.4 0	CITY-S	T-ZIP			
	partifu that the information europlied with	this filing done not qualify:				Lin Section 119 07(3)(i) Florida Statutes I further cen	ify that th	a information

In improve the representation supplied with this sing does not quality 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 13 if changed, or on an attachment with an address.