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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000057803 (6)

DOCUMENT # P94000057803 (6) 1. Corporation Name							
	FIELDS SPORTS CAFE, INC) .	·				
Principal Place	of Business	Mailing Address	**** \		. I IDANEDI (CD SEII) QIDŞI BDİII 88	iat na ink ania k aniai 100	BI 1840A WALLAN ARKA ARKA
7525 NW 61 TERRACE 1303		7525 NW 61 TERRACE 1303					
PARKLAND US	PL 33067	PARKLAND FL 33067 US			3. Date Incorporated or Qualified 08/03/1994	3a. Date of Las 04/20	
2. Principal Pla	ace of Business	2a. Mailing Abdress			4. FEI Number	1	Applied For
21					· · · · · · · · · · · · · · · · · · ·		Not Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addi		
City & State		City & State			6 Floring Con print Francisco		e Required
23	······································	28			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Ζιρ 24	Country 25	Ζηρ 29	Country		8. This corporation has liability for in Florida Statutes ☐ Yes		s 199.032,
	. 9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
MULLIN, JAMES G 2263 N.W. BOCA RATON BLVD., #205 BOCA RATON FL 33431			81	81 Name			
			82	Street Add	Address (P.O. Box Nuniber is Not Acceptable)		
			83	83			
423.1			84	City		85	Zıp Code
				above named corporation submits this statement for the purpose of changing its registered office			
Or registers	o the provisions of Sections 667,0306 ed agent, or both in the State of Flori h, and accept the obligations of, Sect	⊄a∟Such change was authorize	ad by Ine coro	oration's boa	ation summits this statement for the purp rd of directors. Thereby accept the appo	oose of changing fi intment as register	s registered office led agent I am
SIGNATURE	Signature, typed or protest have of regulated by a	Land the day plants the first	Is - Frequency Agric	Lagradur regule	diwing recessions	DATE.	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE		TORS IN 12
TITLE	D DEFTE ALFARO, RUBEN		DESETE 1 1 TITLE 12 NAME			☐ Chang	je 🔲 Addition
NAME							
STREET ADDRESS	8521 N.W. 53RD STREET		1.3 STREET	ADDRESS			
CITY - ST - ZIP	LAUDERHILL FL 33351		14011Y-S 2 + TIME	T-7IP			
TITLE	•	D DEFEIE				☐ Chang	je 🔲 Addition i
NAME STREET ADDRESS	PORTER, STEVE 7525 N.W. 61ST TERRACE	#1202	2.2 NAME	1000:00			
CITY-ST-ZIP	PARKLAND FL 33076	, # 1303	23 \$18611				
TITLE	TAIRCAID IL GOOTE	T) DELETE	2.4 Oilly -S 3.1 Tifut	1 - 23'		Chanc	e 🔲 Addition
NAME			3.2 NAME				,
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 C-TY - S	1			
TITLE		☐ ĐELFIE	4 1 TifLE			☐ Chang	e 🔲 Addition
NAME			4.2 NAME	1			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - 7.P			4.4 C+TY - S	1 - 710			
TITLE	☐ DELETE 5		5 1 THTLE	ĺ		☐ Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ļ ļ			
CITY - ST - ZIP		FT DECEME	5.4 C(TY - S	1 - 716			
TITLE		DELETE	6.11/11/1			☐ Chang	e 🗌 Addition
NAME PERCEL ADDRESSE			6.2 NAME	Inneces			
STREET ADDRESS			€ 3 STREET	i i			
C:TY-ST-ZIP 14. I do hereby	y certify that the information supplied	with this filma is voluntarily furni	€ 4 0 ITY - S ished and does		or the exemption stated in Section 119.0	7(3)(k) Elocida Sta	tutes I further

root leteby certify that the information supplied with this ling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther 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 eath, 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 attaching it with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-96 954-753-0671