

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070210 (7)

1. Corporation Name

MONTGOMERY SPORTS ENTERPRISES, INC.



Principal Place of Business C/O D. JUSTIN NILES, P.A. 2600 N MILITARY TRAIL STE 270 BOCA RATON FL 33434 US	Mailing Address C/O D. JUSTIN NILES, P.A. 2600 N MILITARY TRAIL STE 270 BOCA RATON FL 33434 US
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2. Principal Place of Business 21  Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 522927 Suite, Apt #, etc 27 City & State 28 MIAMI, FL 33152 29 Zip 30 Country	3. Date Incorporated or Qualified 09/23/1994 3a. Date of Last Report 07/18/1995 4. FEI Number 65-0533161 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent NILES, D. JUSTIN 2600 N MILITARY TRAIL STE 270 BOCA RATON FL 33434	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	12 NAME	
CITY - ST - ZIP		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SCOTT S. MONTGOMERY 6-28-96 305-477-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)