


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90167 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000074600

1. Corporation Name

SYNERGY SPORTS MARKETING USA, INC.

Principal Place of Business

7575 DR. PHILLIPS BLVD
STE ~~200~~ 220
ORLANDO FL 32819
US

Mailing Address

7575 DR. PHILLIPS BLVD
STE ~~200~~ 220
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7575 Dr PHILLIPS BLVD		26		10/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 220		27		59-3264083	
City & State		City & State		Applied For	
23 ORLANDO FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 32819		29		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 USA		30		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

RATLIFF, DONALD

~~9034 CRICHTON WOODS LANE~~
~~ORLANDO FL 32819~~

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	7575 Dr. Phillips Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, DONALD E	1.2 NAME	Suite 220
STREET ADDRESS	9034 CRICHTON WOODS	1.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	U.S.A.
TITLE	MP <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, STEVEN	2.2 NAME	Norton Steve
STREET ADDRESS	56 MARSHWALL LONDON DOE	2.3 STREET ADDRESS	48 GRAYS-LINN Rd
CITY-ST-ZIP	LONDON, E149UE	2.4 CITY-ST-ZIP	LOWDOWN WC1K8LT
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOUGHENOUR, LEE	3.2 NAME	Eckner, Dick
STREET ADDRESS	455 S ORANGE AVE. 6TH FLOOR	3.3 STREET ADDRESS	4410 N. S.R. 7th
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33319
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Ratliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

407-352-8290
Daytime Phone #

CR2E034 (11/98)