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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 15 1997 8:00am

Secretary of State

DOCUMENT # P9500002890 (8)

SPORTS NOOK, INC.

orunio	NOON, INC.						
Principal Place	of Business	Mailing Address					
120 RUBY RED LANE LONGWOOD FL 32750		120 RUBY RED LANE LONGWOOD FL 32750-4027					
						3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1995 04/14/1996	
— · · · · ·	ace of Business	28. Mailing Address				4. FET Number Applied Fo	
Suite Apt # etc						59-3290638 Not Applic \$8.75 Additions	
22	α ₁ 1907	<u> </u>				5. Certificate of Status Desired Fee Required	
	3.	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28,				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Сол	intry		8. This corporation has liability for intangible tax under s. 199.03.	
24	2:	29	30 、	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	Florida Statutes X Yes □ No	
<u> </u>		nt Registered Agent		81	1 2	10. Name and Address of New Registered Agent	
	RUBY RED LANE IGWOOD FL 32780 120 RUBY RED LANE LONGWOOD FL 32750-0027 21				Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
LON	IGWOOD FL 32750			83			
					<u> </u>		
				84	City	85 Zip Code	
SIGNATURE	Signature groups smilled from a unicipalitied by	ont and title it applicable (NC				Ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.13	ILE		Change Adi	
NAME			1.2 N	AME			
STREET ADDRESS			1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750				ST - 71P		
TITLE		☐ DELETE	211			L_J Change L_i Adı	
NAME OVERT ADORESS			22 N		Abuston		
					ADORESS S1-7IP		
TITLE		DELETÉ	311		21 - 711	Change Adu	
NAME			3 2 N	ΛΜΕ			
STREET ADDRESS			3.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			34 C	HY-5	\$1 - ZIP		
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NAME			4.2 6				
STREET ADDRESS					ADDRESS		
CITY - ST - ZIP TITLE		Пын			51 - 71P	☐ Change ☐ Adi	
NAME		Derre	5.1 TI 5.2 N			Grange Adi	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			•		SI - ZIP		
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NAME	s to the second		62 N	AME			
STREET ADDRESS	•		635	IREE I	ADDRESS		
CITY-ST-ZIP	·		640	IIY-S	ST-ZIP		
information I a m an of	n indicated on this annual report or	supplemental annual report is or the receiver or trustee empo	s true and a owered to d	acci	urate and tha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as il made under dath orl as required by Chapter 607, Florida Statutes, and that my name	