FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000016562 (7)**

1. Corporation Name

SPORTS AVENUE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1310 - 38TH AVENUE COURT ROCK ISLAND IL 61201	1310 - 38TH AVENUE COURT ROCK ISLAND IL 61201

3. Date Incorporated or Qualified: **02/27/1995**

3a. Date of Last Report:

4. FEI Number: **59-3304821** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation was liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **Cordova Mall**
Suite, Apt. #, etc.
22 **5100 N. 9th Avenue**
City & State
23 **Pensacola, Florida 32502**
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HILER, DIRK
5919 KENDREW DRIVE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: **John Rahn**
82 Street Address (P.O. Box Number is Not Acceptable): **Cordova Mall, Space B203, 5100 North 9th Ave.**
83
84 City: **Pensacola** **FL** 85 Zip Code: **32502**

11. Pursuant to the provisions of Sections 607.0502 and 607.1403, 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 such position as provided for by Florida Statutes.

SIGNATURE: John Rahn 1-12-96
Signature of New Registered Agent, if Changing — Date

12. OFFICERS AND/OR DIRECTORS

TITLE	President	☐ DELETE
NAME	Jeffrey C. Collins	
STREET ADDRESS	1310 38th Ave. Ct.	
CITY-ST-ZIP	Rock Island, IL 61201	
TITLE	Secretary	☐ DELETE
NAME	Mary Louise Collins	
STREET ADDRESS	1310 38th Ave. Ct.	
CITY-ST-ZIP	Rock Island, IL 61201	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: Mary L. Collins — Mary Louise Collins 1-18-96 309-793-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number