

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

CORDOVA MALL  
5100 N. 9TH AVENUE  
PENSACOLA FL 32502

Mailing Address

CORDOVA MALL  
5100 N. 9TH AVENUE  
PENSACOLA FL 32504-8735

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1310 38th Avenue Court

27 Suite, Apt. #, etc.

28 City & State

28 Rock Island, Illinois

29 Zip Country

29 61201

30 USA

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

04/05/1996

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAHN, JOHN  
CORDOVA MALL, SPACE B203  
5100 NORTH 9TH AVE.  
PENSACOLA FL 32502

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

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

Mary Louise Collins

Mary Louise Collins

2-3-97

Signature of the registered agent or registered agent in charge, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME COLLINS, JEFFREY C  
STREET ADDRESS 1310 38TH AVE. CT.  
CITY, ST, ZIP ROCK ISLAND IL 61201

TITLE ☐ DELETE

S  
NAME COLLINS, MARY L  
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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Louise Collins

2-3-97

309-793-1521

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0485038

CR2E034 (9/96)