FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

P9500039688 (3)

DOCUMENT # P950000

1. Corporation Name

AMERICAN SPORTOAR COPORATION

Principal Plan	SPORTS CA/L					
Principal Place of Business 4628 BLUE PINE CIRCLE LAKE WORTH FL 33463		Mailing Address 4628 BLUE PINE CIRCLE LAKE WORTH FL 33483			1 40th 25:40 11(1 0 (6 1)	LA BANST I OLON ESTE TAÑA
2 Principal D	(0)			3. Date Incorporated or Qualified 05/18/1995	3a. Date of L	as Report
21 626	tace of Business O.S. LONGRESS AVI	2a. Mailing Address 26 6266 S. (OA	UGRESS AVE	4. FEI Number 054-2 7	16	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	the no			Not Applicable 8.75 Additional
	TE-1-6	27 Suith	6	5. Certificate of Status Desired		Fee Required
City & State	TANA, FL	City & State 28	A, FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country 4	7/9 - 1/ 2	Country	This corporation has liability for		Added to Fees
24 254	62 25 PALM BCH	29 33962	30 PALM BCH	Florida Statutes	i ∐ No	
	9. Name and Address of Current	Registered Agent	04	10. Name and Address of New F	Registered Agen	ıt
500 IGU	ASS, EDWARD V		81 Name			
	UE PINE CIRCLE		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	-
LAKE WORTH FL 33463			83			
			84 City		FI 85	1 -
11. Pursuant t or register	to the provisions of Sections 607.0502; ed agent, or both, in the State of Florid th, and accept the objections of Section	and 607.1508, Florida Statutes, a. Such change was authorized	the above-named corpora	ition submits this statement for the pur		1 g its registered office
familiar wi	th, and accept the objections of Section	on 607.0505, Florida Statutes.	. / -	or directors. Thereby accept the appr	ointment as regist	tered agent. I am
SIGNATURE .	Signature, typed or printed name of registerer agent a	TO LOWARD INOTE	V. DOUGLAS	SS TRESIDENT	-4/26/96	9
12.	OFFICERS AND		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFF	DATE CERS AND DIDE	CTOPS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		☐ Cha	
NAME	DOUGLASS, EDWARD V		1.2 NAME			
STREET ADDRESS	4628 BLUE PINE CIRCLE		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	LAKE WORTH FL 33463	Fil Act sys	1.4 CITY-ST-ZIP			
NAME I		☐ DELETE	2 1 THILE		Char	inge 🔲 Addition
STREET ADDRESS			2 2 NAME			
CHY-ST-ZIP			2.3 STREET ADDRESS			
THLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Char	nge Addition
NAME			3.2 NAME		Cria	ige [] Apprilial
STREET ADDRESS			3.3 STREET ADDRESS			
CrTY-ST-7/P			3.4 CITY - ST - ZIP			
TIFLE		☐ DELETE	4. † TITLE		☐ Char	nge 🔲 Addition
NAME STREET ADDRESS			4 2 NAME			
· 1			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP			
NAME		☐ pereit	5. 1 TITLE		Chan	nge
STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5.3 STREET ADDRESS			
TITLE		DELETE	5.4 CHY-ST-ZIP 6 1 TITLE			
NAME			62 NAME		☐ Chan	ige 🗌 Addition
STREET ADDRESS			6.3 CTRELT ADDRESS			

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 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 drive attachment with an address.

SIGNATURE:

SIGNATURE

**Date: **Date: