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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000056457 (1)

**DOCUMENT #** 

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

1. Corporation Name
ADVANCED SPORTS INFORMATION CORP.

Principal Place of Business Mailing Address 9108 REED DRIVE 9108 REED DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410



5. Certificate of Status Desired

6. Election Campaign Financing

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

23		28 1000ADA	TON,	PLI	Trust Fund Contribution	LJ Adde	d to Fees
Zip	Country	Zip	Country	.5	8. This corporation has liability for	•	199.032,
24	25	29 339/3	30 AL	MDEA		es No	
	9. Name and Address of Curren	t Registered Agent		- · · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered Agent	·····
AUSOLIA MUNICIPATI				81 Name			
MUCHA, MICHAEL 9108 REED DRIVE			82	Street Add	ress (P.O. Box Number is Not Accept	O. Box Number is Not Acceptable)	
PALM E	BEACH GARDENS FL 33410		83				
			84	City		85 Z	p Code
						FL   S	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-	named corpo poration's boa	oration submits this statement for the pard of directors. I hereby accept the a	surpose of changing Its ( appointment as registered	registered office ] d agent. I am
familiar with	n agent, or both, it into scale of holid in and accept the obligations of, Sect	ion 607.0506, Fjorida Statutes	by the con		Fig. * And the way of the control of		
SIGNATURE					<b>通过工具的图像</b>		
	Signature, typed or printed name of registered agent	,	Registeren Ago	nt signaturé require	ed whe'l reinstainigh	DATE CCICCOS AND DIDECTO	3DC IN 12
12.	OFFICERS AN	OFFICERS AND DIRECTORS    DELETE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		TT Addition
TITLE	MUCHA, MICHAEL	L.J DECCIE	1 1 TITLE 12 NAME 13 STREET ADDRESS			L.J. Orongo	
NAME	3939 NE 5 AVE D-103	,					
STREET ADDRESS	BOCA RATON FL 33431						
CITY-ST-ZIP	- D	DELETE	14 CITY- 2 1 TITLE		Change Add		Addition
TITLE	BREEN, BRIAN	Detter.	2.2 NAME			0.137.95	Lij
NAME	9108 REED DRIVE						
STREET ADDRESS	PALM BEACH GARDENS F	33410	2.3 STREET ADDRESS				
CITY - ST - ZIP		DELETE	2.4 CIVY-ST-7/P 3.1 T/TLE			Change	Addition
TITLE		L.J Otterie	3.1 MAME			<b>L</b>	
NAME STREET ADDRESS			3.3. STREET ADDRESS 3.4 CITY - S1 - ZIP				
C(TY - ST - ZIP TITLE	[ ] DELETE		4. 1 TITLE			Change	☐ Addition
NAME		<b>h</b> iaid	4.2 NAM6				
STREET ADDRESS	ss		4.3 STREET ADDRESS		<b>500001837285</b> -05/23/9601070027		
CITY- ST-ZIP							
TITLE	DELETE		5 1 TITLE		***200.00	☐ Change	Addition
NAME			5.2 NAM				1
STREET ADDRESS			5.3 STRE	ET ADDRESS		. 1	08/2
CITY-S1-7IP			5.4 CITY	-ST-ZIP			
TOLE	ANDREAS AND TO MAKE THE THE PROPERTY OF THE TOTAL PROPERTY OF THE	C) DETELE	6 1 TITL	F	[2] disease		Addition
NAME			6.2 NAMI			つべま	$\hat{}$
STREET ADDRESS			6.3 STAE	ET ADDRESS		- J.	
CITY_\$1.7IP			6.4 CITY	-S1-ZP			
14. I do hereo					for the exemption stated in Section 1		
nath: that	Lam an officer or director of the corp	oration or the receiver or trusted	empowered	rue and accur d to execute t	rate and that my signature shall have his report as required by Chapter 607	, Florida Statutes; and tl	hat my name
appears in	Block 12 or Block 13 if change or	🤊n an atlachnyint with, an addre	98.		<b>^</b>	/	