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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Prace of Business

DOCUMENT # P95000062950 (7)

AEGIS SPORTS MANAGEMENT, INC.

Mailing Address

FILED Apr 08 1997 8:00am Secretary of State



| 7651 ASHLEY PARK CT SUITE 408 ORLANDO FL 32835 | | 215 N. EOLA DRIVE ORLANDO FL 32801-2028 | | 3. Date Incorporated or Qualified 08/15/1995 | 3a. Date of Last Report 05/01/1996 | | | |
|--|---|--|------------------|---|--|------------------|---------------|-----------------------|
| 2. Principal Pr | ace of Business | 2a. Mailing Address | | ····· | 4. FEI Number | <u></u> | | Applied For |
| 21 | tion of problems of | 26 | | | 59-3330160 | | \rightarrow | Vot Applicable |
| Suite, Apt | W, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional | | | |
| 2 | • | · · · | 27 | | 5. Certificate of Status Desired | ш | | Required |
| City & State | ! | City & State | | | Election Campaign Financing Trust Fund Contribution | | | 0 May Be d to Fees |
| | Country | Zφ | , ' h | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 4 | 25 29 30 9. Name and Address of Current Registered Agent | | | Florida Statutes Yes No | | | | |
| | | rent Registered Agent | | 81 Name | 10. Name and Accress of New Re | gistered A | gent | |
| | g, McNeill H | | | UI Harris | | | | |
| 215 NORTH EOLA DRIVE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ORL | ANDO FL 32801 | | 1 | 83 | | | | |
| | | | | 55 | | | | |
| | | | | 84 City | | FL | 85 Zir | o Code |
| | | | | | orporation submits this statement for the p | | | No se sistema |
| SIGNATURE | Signature hypitic or princed rache of registered OFFICERS A | agent and little if appticable (I | NOTE: Registered | . Agent signature re | iquired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE CERS AND | DIRECTO | ORS IN 12 |
| MILE | PVST | ☐ DELETE | 1.1 70 | LE | | | Change | Additio |
| iAM: | HAMMOND, STEVEN B | | 1.2 N/ | .ME | | | | |
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| ity-St-7iP | WINDERMERE FL 34788 | | 1,4 Cf | TY-ST-ZIP | | | | |
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| NAME | | | 62 N | | | | | |
| STREET ACORESS | | | 6.3 \$1 | REET ADDRESS | | | | |
| CITY - S1 - ZIP | | | 6.4 C | TY-ST-ZIP | | | | |

4. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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



2/4/97

407-294-299