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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

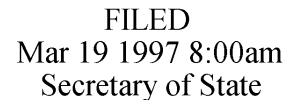
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078880 (8)

ALL SPORTS ARENA, INC.

Principal	Place of	Business

Mailing Address





16739 SCHEER HUDSON FL 34		16739 SCHEER BLVD. HUDSON FL 34667-424	5					
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996				
2, Principal P	lace of Business	2a. Mailing Address	alamand all manufactures as the second and an expectation of	AT A SAME OF THE STREET	4. FEI Number			Applied For
21		26			59-3337797			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country 25	7 ₁ p	Country 30		This corporation has hability for intangible tax under s. 199.032, Florida Statutes Yes No			s. 199.032,
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Aç	jent	
	BANI, RAY		81	Name				
	DEDENMORE AVE V PORT RICHEY FL 34653		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City		FL	85 Z	p Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Horida. Such change w gations of, Section 607.0505,	as authorized by	the corporat s.	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of c	hanging atment a	j ils registered as registered
12.		VD DIRECTORS	13.	an a Granner recke	ADDITIONS/CHANGES TO OFFIC	-,	DIRECTO	DRS IN 12
TOLE	D	DELETE	1.1 7171.6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	
NAME	GRASSINI, JAMES		1.2 NAME					
STREET ADDRESS	6336 EDENMORE AVE		1.3 STREET	AUDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3	1.4 CHY-S	1 - ZiP				
TITLE	D	☐ DELETE	21 TITLE				Change	e 🔲 Addition
NAME	CISBANI, RAY		2.2 NAME					
Street address	6330 EDENMORE AVE		2.3 STREET	ADDRESS .				
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2. 4 CITY-	ST - 70P			T 5	
TITLE		L DETETE	3.1 1/111			L	_ Change	e Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 \$1REFT	+				
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-1	S1 - ZIF		· · · · · · · · · · · · · · · · · · ·	Change	e 🔲 Addition
NAME		בַן זַאוּנוּיַנ	4. 2 NAME					
STREET ADDRESS			4.3 STREET	22 39004				
CITY-ST-ZIP			4.3 SINCCI 4.4 CHTY-S					
TITLE		DELETE	51 TITLE	1.1			Change	e 🔲 Addition
NAME		_	5.2 NAME			_	·	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE	61 THEE				Change	e Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREEF	ADDRESS				
City. St. 7iP			64 CBY-S					

14. I do hereby certify 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 minual 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 of the receiver or fustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Bif ok 13 if changed, or fun an attricingent with an address

(1) 3 12 00 10 01 ...