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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUME	ENT	#
1 Corporation Na	me	

P95000083866 (0)

	THEASTERN SPORTS GRO		-		-				
	e of Business HATUS ROAD IE PINES FL 33026	Mailing Address 1501 N. HIATUS RO PEMBROKE PINES				7 10 0 10 10 10 10 10 10 10 10 10 10 10 1	res 00191 001\$1)	(1) .	PIOS VIIIS BIJL 1\$1
		remotione rites	11 33020			3. Date Incorporated or Qualified 10/30/1995	3a. Date	of Last F	leport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				15 0620 610			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·			5. Certificate of Status Desired			Additional
22		27				5. Certificate of Status Desired			Required
City & State	e	City & State				6. Election Campaign Financing		\$5.0	O May Be
[23] Zip	Country	28				1rust Fund Contribution			d to Fees
24	25	Zip 29	Coun	try		8. This corporation has liability for	_ •	under s	199.032,
	9. Name and Address of Curre		[30]			Florida Statutes Yes 10. Name and Address of New R	□ No	1	
			<u>_</u>	31 Na	me	IV. Hame and Address of New H	egistered A	yent	
SOBO	L, THEODORE W					(D.C. C.)		····	
	N. HIATUS ROAD		1	32 Str	eet Addre	ss (P.C. Box Number is Not Acceptab	le)		
	ROKE PINES FL 33026		Į	33					
			8	1 4 Cit	У		FL	85 Zi	p Code
SIGNATURE _	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable (N	OTE: Registered A	gont signa	ture required		DATE.		
TITLE	D	DELETE	1. 1 TITL	F		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	SOBOL, THEODORE W		1.2 NAM				L	vilaryc	[] Modition
STREET ADDRESS	1501 N. HIATUS ROAD		1	ET ADDRI	22:				
CITY-ST-ZiP	PEMBROKE PINES FL 330	26		- \$1 - 21P					
TITLE	D	☐ DELETE	2 1 TITL					Change	☐ Addition
NAME	WHITE, CAROLYN J		2 2 NAM	E					
STREET ADDRESS	1501 N. HIATUS ROAD		2 3 STRE	ET ADDRI	ss				
CITY-ST-ZIP	PEMBROKE PINES FL 330	26	24 CHY	-ST-ZIP					
TITLE		☐ DELETE	3 1 TITL					Change	Addition
NAME			3.2 NAM	E	ĺ				
STREET ADDRESS			3.3 \$TR	ET ADDR	ESS				
CITY-ST-ZIP			3.4 City						
TITLE		DELETE	4. 1 TITE					Change	Addition
NAME Dancer uponcor			4.2 NAM						
STREET ADDRESS				et addre	:SS				
CITY - ST - ZIP TITLE		□ DELETE	4 4 CHY						
NAME '		☐ DELETE	5 1 TITL					Change	Addition
STREET ADDRESS			5.2 NAM						
CITY-ST-ZIP	İ								
TITLE	'		5.3 STRE		SS				
		□ DELETE	5.4 CITY	ST-ZIP	SS			0	F3
		DELETE	5 4 CITY 6 1 TITL	-ST-ZIP	ss			Change	Addition
NAME		☐ DELETE	5.4 CITY 6.1 TITU 6.2 NAM	-ST-ZIP				Change	Addition
		☐ DELETE	5.4 CITY 6.1 TITU 6.2 NAM	- ST - ZIP E ET ADORE				Change	Addition

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 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 attactyment with address.

SIGNATURE:

Y THEODORE W. SOBOL-

305)432-6983