## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083866 (0)

SOUTHEASTERN SPORTS GROUP, INC.

Principal Place of Business 1501 N. HIATUS ROAD

Mailing Address

1501 N. HIATUS ROAD

**APPROVED** AND FILED

1997 AUS -4 PH 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



remprone re	NEO FL SJUKO	PEMBRURE PINES FL 33028			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	3a. Dat	e of Last R	eport
						10/30/1995 04/18/1996			
	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number			plied For
21		26				65-0622849			t Applicable
Suite, Apt. :	#,etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & State		27   City & State			A. Floribe Occasion Figure		Fee Re	·	
23	•	28				Election Campaign Financing     Trust Fund Contribution	Ш	\$5.00 Added	
Zip				Country  8. This corporation owes or has paid the current year Inter					
24	25	29	30	,		Personal Property Tax due June 30. X Yes No			
	9. Name and Address of Currer		1001	Τ		10. Name and Address of New Reg		_	
SOBOL, THEODORE W					Name				
1501 N. HIATUS ROAD				82	Street Add	dress (P.O. Box Number is Not Acceptable		<u> </u>	
PEA	IBROKE PINES FL 33026		-	Oliter Auc	- Address (F.O. Box Multipal is Mult McCaptable)				
			•	83					****
				84	City			<b>85</b> Zip (	Code
							FL	] [ '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE									
SIGNATURE .	Signature, lyped or printed name of registered ag-	·	OTE: Registere	d Age	nt signature requ	uired when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	☐ DELETE	1.1 1			يناهي راسان ريسن رسمن يسمن رسمن	-	Change	Addition
NAME	SOBOL, THEODORE W		1.2 N			30000022	15 4 to	>1551 ±5 °	000
STREET ADDRESS	DEMODRACE DIMES OF SASSA			STREET ADDRESS		-08/12/9 ****165	- 500 1001	UD4~~l	)UO
CITY-ST-ZIP	PEMBROKE PINES FL 33026	DELETE			I - ZIP	<i>₹₹₹₹</i> 105		****16	
TITLE	WHITE, CAROLYN J	L'1 DETENE	211				L	Change	Addition
NAME	1501 N. HIATUS ROAD		22 N						
STREET ADDRESS	PEMBROKE PINES FL 33026				ADDRESS				
OTY-ST-ZIP	TEMBRORE FIRES FE 33020	DELETE	2 4 C		ST - ZIP			Change	Addition
1.		ET bereit	3 1 N				L	Change	L Addition
ATREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST - ZIP				
TITLE		DELETE	4.1 T		11 - YIL		г	Change	Addition
NAME				NAME			•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S					
TITLE	☐ DELETE			5.1 TITLE				Change	Addition
NAME			5.2 N	AME				-	
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	(TY - S	T- <b>Z</b> (P				
TITLE		DELETE	6.1 T					Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS	_			
CITY-ST-ZIP			6.4 C	هـــــــــــــــــــــــــــــــــــــ	Į. ŽIP	SCC 8-4-97			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 19 07(3)(i). Fiorida 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 eath; that I am an officer or director of the corporation or the receiver or trustee empreorer 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.