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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000085461 (8)

CREATIVE SPORTS MANAGEMENT, INC.

**FILED** May 02 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address  4713 PURITAN CIRCLE P.O. BOX 4553 TAMPA FL 33617 TAMPA FL 33677-4553 US  US |  |                                   |                                   | 3. Date Incorporated or Qualified 3a. Date of Last R 11/06/1995 05/01/1996 |  |              |             |                          |
|--|--|-----------------------------------|-----------------------------------|--|--|--------------|-------------|--------------------------|
|  | 2. Principal Place of Business 28. Mailing Address |                                   |                                   |  | 4. FEI Number  | Applied For  |             |                          |
| 21 55c   | 3 SUNSET WAY NO                                    | 27 P.D. BOX 45                    | 553                               |  | 59-3352553   |              |             | Not Applicable           |
| Suite, Apt   | t. #, etc.   | Suite, Apt. #, etc.               |                                   |  | 5. Certificate of Status Desired   |              |             | 5 Additional<br>Required |
| City & Sta   | City & State City & State                          |                                   |                                   | ······································                                     | 6. Election Campaign Financing   | <del> </del> | <del></del> | <del>-</del>             |
|  | 7 . `a   |                                   |                                   |  | Trust Fund Contribution  |              |             | May Be ed to Fees        |
| Zip  | Country  | Zip                               | Count                             |  | 8. This corporation has liability for in   | ntangible ta |             | <del> </del>             |
| 24 3360  |  |                                   | 10 V                              | 5A   |  |              | No          |                          |
|  | 9. Name and Address of Curr                        | ent Registered Agent              |                                   | T N  | 10. Name and Address of New Reg  | latered A    | gent        | <del></del>              |
|  | MORE, RICARDO L                                    |                                   | 8                                 | 1 Name   |  |              |             |                          |
| 334 SOUTH HYDE PARK AVENUE<br>TAMPA FL 33606   |  |                                   |                                   | 2 Street Add   | lress (P.O. Box Number is Not Acceptab   | le)          | <del></del> | <del></del>              |
|  |  |                                   |                                   | 3  |  |              |             | ·····                    |
|  |  |                                   |                                   | <b>"</b>   |  |              |             |                          |
|  |  |                                   | B                                 | 4 City   |  | FL           | 85 Z        | ip Code                  |
| 11 Purcuari  | t to the provisions of Sections 607.0              | 502 and 607 1508 Florida Stelutes | the abo                           | ve-named core  | poration submits this statement for the p  |              | hangin      | n ite registeren         |
| 12.  |  | ND DIRECTORS                      | 13.                               | · · · · · · · · · · · · · · · · · · ·                                      | red when reinstating) ADDITIONS/CHANGES TO OFFIC   |              |             |                          |
| TITLE  | PD CO CDANK  | DELETE                            | 1.1 TITLE                         | 1  |  | ι            | Chang       | je 🔲 Additio             |
| NAME   | MYLES, FRANK<br>4713 PURITAN CIRCLE                |                                   | 1.2 NAMI                          |  |  |              |             |                          |
| STREET ADDRESS   | TAMPA FL 33617                                     |                                   | 1                                 | ET ADDRESS   |  |              |             |                          |
| CITY-SI-ZIP<br>TILLE   | DELETE   |                                   | 1.4 CITY+ST-ZIP<br>2.1 TITLE      |  |  |              | Chang       | e Addition               |
| NAM :  |  | _                                 | 2.2 NAMI                          | ſ  |  |              |             | , <u>—</u> .             |
| STREET ADDRESS   | ;]   |                                   | 2.3 STRE                          | ET ADDRESS   |  |              |             |                          |
| C!TY - S* - 711'   |  |                                   | 2.4 CITY                          | -\$T-ZIP   |  |              |             |                          |
| THE  |  | ☐ DELETE                          | 3.1 TITLE                         |  | :  | . 1          | Chang       | e Additio                |
| NAME   | !  |                                   | 3 2 NAM                           | ļ  |  |              |             |                          |
| STREET ADDRESS   | 5  |                                   | B.                                | ET ADDRESS   |  |              |             |                          |
| City - \$1 - ZiP   |  | DELETE                            | 3.4 CITY                          |  | A STATE OF THE STA |              | Chan        | n Addiso                 |
| TITLE  |  | רין מנכנונ                        | 4.1 TITLE                         | ĺ  |  | ι            | Chang       | je [_] Additio           |
| NAME<br>CIDELY APPROACE  |  |                                   | 4. 2 NAM                          | l  |  |              |             |                          |
| STREET ASSURESS  |  |                                   | 4.3 STRE<br>4.4 CITY              | ET ADDRESS   |  |              |             |                          |
| CITY-ST ZIF<br>TOLE  |  | DELETE                            | 51 TITLE                          |  |  |              | Chang       | je Additio               |
| NAME   |  | NOTE:                             | 5.2 NAM                           | ſ  |  | -            |             |                          |
|  | 1  |                                   | 1                                 |  |  |              |             |                          |
| STREET ACHIESA   |  |                                   | 5,3 STRE                          | ET ADDRESS   |  |              |             |                          |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                   |                                   | ET ADDRESS<br>-ST-ZIP  |  |              |             |                          |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   |  | DELETE                            | 5.3 STRE<br>5.4 City<br>6.1 Title | -ST-ZIP  |  |              | Chang       | pe 🔲 Additio             |
| CITY - S1 - ZIP  |  | ☐ DELETE                          | 5.4 CITY                          | -ST-ZIP  |  | Ţ            | Chang       | pe 🔲 Additio             |
| CITY - \$1 - ZIP<br>TITLE  |  | DELETE                            | 5.4 City<br>6.1 Title<br>6.2 NAM  | -ST-ZIP  |  |              | Chang       | pe 🔲 Additio             |

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 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

4-28-97 (911) 683-4559