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

< PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000091949 (4) DOCUMENT # 1. Corporation Name

SIGNATURE:

PLAYERS SPORTS MARKETING, INC.

Principal Place of Business Mailing Address 861 GARDEN GLEN LOOP 861 GARDEN GLEN LOOP										
LAKE MARY F	L 32746	LAKE MARY FL 32746					T			
						 Date Incorporated or Qualified 12/04/1995 	3a. Date	of Last	Report	
2. Principal Pla		2a. Mailing Address							Applied For	
21 Blel G	narden Glen Loop	26 SAME				59-3348887 Not Applic			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 LAKE		City & State			war ar are er	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zn 24 3274	Country	2(p)	ı ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes [] Yes [X]No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent		
			8	1 Nan	ne					
	Henry L esq Pine street		82		Street Address (P.O. Box Number is Not Acceptable)					
	O FL 32801		8	3					w · · · · · · · · · · · · · · · · · · ·	
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			8	4 City			FL	85	Zip Code	
12.	Signature, typen or printed name of registered agout a OFFICERS AND	DIRECTORS	Cite Registered A	jent signah	ore required v	wher reinstating) ADDITIONS/CHANGES TO OFF				
TITLE	D	[] DELETE	1, 1 111	E		7,557,101,07,01,7,102,07,10] Chang		
NAME	FORDE, MICHAEL		1.2 NAM	E						
STREET ADDRESS	861 GARDEN GLEN LOOP		1.3 STR	et addre	SS					
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY	- \$1 - ZIP						
TITLE	D	[]] DELETE	2 1 TiTL	E			[] Chang	e Addition	
NAME	FORDE, VIVIAN		2 2 NAV		ļ		114			
STREET ADDRESS	861 GARDEN GLEN LOOP LAKE MARY FL 32746			F1 ADDRE	SS	*				
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NAME STREET ADDRESS				e Eet addri	221					
CITY-SI-ZIP				- S1-71P	103					
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NAME			4.2 NAN	E						
STREET ADDRESS			4.3 \$1R	ET ADDRS	:SS	•				
CITY-ST-ZIP				- ST - 71F						
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NAME		C) DELETE	6.2 NAM				L	7 0.00.0	, CJ risuition	
STREET ADDRESS				t Eet adore	188					
DINEEL AUDMESS	I		■ 0.3 3 lh	CL MONUS						

6.4 CITY - ST- ZIP 14. To hereby certify that the information supplied with the typing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. Hurther certify that the information indicated on this annual report or supplemental armual 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 corporation

M. wheel Forde

4/30/96