## 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

	MENT # P95000 K SPORTS ENTERPRISES,				
2500 HIGHWAY 27 SOUTH CLERMONT FL 34711		2500 HIGHWAY 27 SOUTH CLERMONT FL 34711-9119			
				3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt.	# Ma	Suite, Apt. #, etc.		59-3346931	Not Applicable
22	π, ε <sub>ε</sub> ι.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1700	Trust Fund Contribution	☐ Added to Fees
Zip	Country	. Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29 Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No
HI 10	RL, ROBERT A		81 Name		
	D HIGHWAY 27 SOUTH		00 00 14 4	700 Bankinski Nakanasi	1.2
CLERMONT FL 34711			82 Street Ad-	dress (P.O. Box Number is Not Acceptab	11 <del>0</del> )
			<b>B3</b>		
			84 City	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	85 Zip Code
					<b></b>
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpor.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE	F				
12.	Signature, typed or proted name of registered ag	ent and tide if applicable (NC ID) DIRECTORS	TE: Registered Agent signature req	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TITLE	D OFFICENS AN	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
I NAME	HURL, ROBERT A	<del></del>	1.2 NAME		• •
STREET ADDRESS	2500 HIGHWAY 27 SOUTH		1.3 STREET ADDRESS		
CITY - ST - ZiP	CLERMONT FL 34711		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		44.4
C(1) Y - ST - Z(f)		Floriere	2. 4 CITY+ST-ZIP	·	17 Ac 17 (1997)
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME DEGLES ASSESSED			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
THLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		- <del></del>	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIF			4.4 CITY-SY-ZIP		
Tifle		DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-SI-7#			5.4 CITY - ST - ZIP		Па. П
1011		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS	1		6.3 STREET ADDRESS		

64 CITY-ST-ZIP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an activess.

SIGNATURE:

**FILED** 

Mar 28 1997 8:00am

Secretary of State