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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000330 (6)

BIG GAME SPORTS, INC.

CITY-ST-ZIP

Principal Place of Business				Mailing Address					.HI BB iii 88 Hii	00 IBU 11	iil 88 11 2 86 1		
3942 TYRONE BLVD. N. ST.PETERSBURG FL 33710 US				3942 TYRONE BLVD. N. ST.PETERSBURG FL 33709-4124 US									
									3. Date incorporated or Qualified 12/26/1995	05/	ate of Last I 16/1996		
2. Principal Pl	lace of Busin	2a. N	2a. Mailing Address					4. FEI Number 59-3360	0666	· · · · · · · · · · · · · · · · · · ·	Applied For		
21		26						APPLIED FOR		4 1 1:	lot Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required		
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be			
23		28						Trust Fund Contribution		Added	to Fees		
l Sib	, `————————————————————————————————————		├ ──	├ - - '		Country		8. This corporation has liability for			r intangible tax under s. 199.032,		
24		25 Addrong of Curro	29	red Agent	30			_	Florida Statutes 10. Name and Address of New R				
9, Name and Address of Current Registered Agent									To, Hamo and Address of Homes	cgistorea :	rigoni		
CULBERTSON, THEODORE R ESQUIRE 1172 BROWNELL ST.						82	Stroot	Addro	ess (P.O. Box Number is Not Acceptable)				
SUITE B						02	Street	Addres	ss (r.o. dox number is not Accepte	шеј			
CLEARWATER FL 34616													
						84	City			FL	85 Zip	Code	
11. Pursuant	to the provisi	ions of Sections 607.050	02 and 607	1.1508, Florida Statu	utes, Ih	ne above	o-named	corpo	ration submits this statement for the	nurnose of	f changing	its registered	
I office or re	egistered ag	ent, or both, in the State th, and accept the oblic	e of Florida	i. Such change was	autho	rized by	/ the cor	poratio	on's board of directors. I hereby according	ept the app	iointment a	s registered	
SIGNATURE		, ii, and doodpit the dang	,										
SIGIVATORE	Signature, typed	or printed name of registered ag				<u>_</u>	int signature	e required	d when reinstating)	DA16			
12.		OFFICERS AN	ID DIRECT	ORS DELETE		13.		T	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO Change		
TITLE .	MILEON	LAWDENCE I		LAS DELETE		1.1 DILE		1			L Change	Addition	
NAME WILSON, LAWRENCE J STREET ADDRESS 3942 TYRONE BLVD. N.				1.2 NAME 1.3 Street address									
CITY-ST-ZIP		RSBURG FL 33710				1.4 CITY - S							
TITLE	ST			DELETE		2.1 TITLE		P,	ST		Change	Addition	
NAME	PATRANE	ELLA, CHARLES J				2.2 NAME		1					
STREET ADDRESS		lphin BLVD. S.				2.3 STREET	ADDRESS						
CITY-ST-ZIP	s. Pasal	DENA FL 33707				2. 4 CITY-	ST-ZIP						
TITLE				DELETE		3.1 TITLE					[_] Change	Addition	
NAME						3.2 NAME							
STREET ADDRESS					1	3.3 STREET							
CITY-ST-ZIP				DELETE		3.4. C(TY -) 4.1 T(TLE	SI-ZIP				Change	Addition	
NAME				C preside		4. 2 NAME							
STREET ADDRESS						4.3 STREET	2238004						
CITY-ST-ZIP					- 8	4.4 CITY - S							
TITLE				DELETE		5.1 TITLE		1			Change	Addition	
NAME						5.2 NAME			•				
STREET ADDRESS						5.3 STREET	ADDRESS						
CITY-ST-ZIP					<u> </u>	5.4 CITY - S	T- Z (P						
TITLE				☐ DELETE	1	6.1 TITLE					☐ Change	Addition	
NAME						6.2 NAME							
STREET ADDRESS	4				- 1	63 STREET	ADDRESS	1					

6.4 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 address.