Apr 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015874

1. Corporation Name

ARRIGO SPORTS MANAGEMENT, INC.

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Principal Place	e of Business	Mailing Address		<u>-</u> -		и
2101 OKEECHO		2101 OKEECHOBEE BLVD.				
SUITE 200 SUITE 200				, and the second		
W PALM BEACH FL 33409 W PALM BEACH FL 33409				DO NOT WRITE IN THIS SPACE		
	·				3. Date Incorporated or Qualifed	7
-					02/20/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	ㄱ
21		26			65-0641850 Not Applicable	le
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional	一
22		27			5. Certificate of Status Desired Fee Required	
City & State	a	City & State			6. Election Campaign Financing S5.00 May Be	_
~		28			Trust Fund Contribution Added to Fees	
23 Zip	Country	Zíp	Countr	·		\dashv
—		⊢ — `	_	,	8. This corporation owes the current year Intangible Personal Property Tax. Yes	j
24	25		30]		10. Name and Address of New Registered Agent	-
	9. Name and Address of Curren	t Registered Agent	8	1 Name	(U. Name and Address of New Registered Agent	
ADDI	IGO, JAMES J			I Name		1
	OKEECHOBEE BLVD.		8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
				<u> </u>		_
	E 200		8:	3		1
W P/	ALM BEACH FL 33409		8	4 City	85 Zip Code	
			"	City	FL S E S S S S S S S S	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the purpose of changing its registered	\neg
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was a	uthorized b	y the corpo	oration's board of directors. I hereby accept the appointment as registered	Į
- •	III lallillai with, and accept the conga-	tions of, Section 007.0303, 1 to	ida Otatule	3.		Ì
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable /NOTE	Registered Ag	ent sidnature re	required when reinstating) DATE	
12.						1
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		D DIRECTORS		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
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14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

5616831511