

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036740 (4)**

1. Corporation Name  
**J & L SPORT ASSOCIATES, INC.**



Principal Place of Business

**801 E. SAMPLE ROAD  
SUITE G  
POMPANO BEACH FL 33064**

Mailing Address

**801 E. SAMPLE ROAD  
SUITE G  
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1996** 3a. Date of Last Report

2. Principal Place of Business

**21 3907 N. FEDERAL HWY**

Suite, Apt. #, etc.

**22 104**

City & State

**23 POMPANO BEACH, FL**

Zip

**24 33064**

Country

**25 USA**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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4. FEI Number  
**65-0679633**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RAPP, MICHELLE M  
750 EAST SAMPLE ROAD  
SUITE 027  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

**81 Name JEFFREY LEBOWITZ  
82 Street Address (P.O. Box Number is Not Acceptable) 3907 N. FEDERAL HWY  
83 SUITE 104  
84 City POMPANO BEACH FL 85 Zip Code 33064**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/15/97**

12. OFFICERS AND DIRECTORS

**TITLE DIRECTOR  
NAME JEFFREY LEBOWITZ  
STREET ADDRESS 3907 N. FEDERAL HWY  
CITY-ST-ZIP SUITE 104 POMPANO BEACH, FL 33064**

**TITLE DIRECTOR  
NAME LAWRENCE FROMMER  
STREET ADDRESS 3907 N. FEDERAL HWY  
CITY-ST-ZIP SUITE 104 POMPANO BEACH, FL 33064**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

**9/15/97**

CR2E034 (4/97)