

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000040253 (2)

1. Corporation Name
LP 21, INC.

Principal Place of Business
%IMPACT SPORTS
1900 GLADES RD., #450
BOCA RATON FL 33431

Mailing Address
%IMPACT SPORTS
1900 GLADES RD., #450
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1996	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 65-0678378	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent FRANKEL, MITCH ESQ. %IMPACT SPORTS 1900 GLADES RD., #450 BOCA RATON FL 33431				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SCIARETTA, STEVEN A	1.2 NAME	
STREET ADDRESS	2300 GLADES RD SUITE 302E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	PVTS	2.1 TITLE	
NAME	PHILLIPS, LAWRENCE	2.2 NAME	
STREET ADDRESS	2868 WATERFORD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

LAWRENCE PHILLIPS

CP2E034 (10/97)