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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Change

☐ Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050992 (2)

PREMIER SPORTS INTERNATIONAL, INC.

Principal Place of Business Maiting Address 210 CAPTAIN'S WALK #715 210 CAPTAIN'S WALK #715 **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Same 5aml Not Applicable 65-0676543 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CONNELLY, LYNN 210 CAPTAIN'S WALK #715 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 Zip Code 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 typod or protect name of trig stored agent and title Empiricable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. __ Change ___ Addition DELETE 1.1 TITLE TITLE NAME CONNELLY, LYNN 12 NAME 210 CAPTAIN'S WALK #715 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 51 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7IP

14. Thereby 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 of 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 on an allagment with an address.

61 TITLE 62 NAME

63 STREET ADDRESS

64 CHY-ST-ZIP

DELETE