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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 08 1998 8:00am

Secretary of State

4-2-98 954-423-3774

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060055 (6)

WESTON SPORTS MANAGEMENT, INC.

Principal Place of Business Mailing Address						,4****
963 SHOTGUN ROAD 963 SH				DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 07/17/1996 	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0454825	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	current year Intangible
24	25 29 30		30	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent
SA	MUELS, LEONARD K			81 Name		
100 NE SRD AVENUE STE 400 FORT LAUDERDALE FL 33301				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
, ,	THE DIDDLING TE GOOD!			83	······································	
				84 City		85 Zip Code
44 5		00 1007 4600 51 01-				- 1
office or r agent. 1 a	to the provisions of Sections 607.03 registered agent, or both, in the Statum familiar with, and accept the oblig	ouz and 607. 1506, Horida Sta te of Florida. Such change wa igations of, Section 607.0505,	is authorized Florida Stat	by the corpo utes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
	Signature, typod or printed name of registered as	ND DIRECTORS		Agent signature re	equired when reinstating) DATE	
12. TITLE	D OFFICERS AF	DELETE DELETE	13.	15	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SAMUELS, DAVID		1.2 NA	- I		
STREET ADDRESS	1055 SHOTGUN ROAD					
	SUNRISE FL 33326		1	REET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 Cr 21 Tri	TY-ST-ZIP		Change Addition
'	POSTAL, JEFFREY	□ DELENE	8	ì		C Change C Addition
NAME	1055 SHOTGUN ROAD		2.2 NA			
STREET ADDRESS	SUNRISE FL 33326			REET ADDRESS		
CITY-ST-ZIP TITLE	SOIMINGE I L 33320	DELETE	2. 4 CI 3.1 Til	TY-ST-ZIP		Change Addition
		☐ DELETE				C country C MOUNT
NAME	J		3.2 NA			
STREET ADDRESS]			REET ADDRESS		14
CITY-ST-ZIP		DELETE		TY-ST-ZIP		Change Addition
TITLE		L ottett	4.1 7)7			Change C Madamon
NAME			4. 2 N			
STREET ADDRESS			. I	REET ADDRESS		
CITY-ST-ZIP		DELETE		TY-ST-ZIP		Change Addition
TITLE	J	L-J DELETE	5.1 Tr	i i		☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADORESS				REET ADDRESS		
CITY+ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TR	i i		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		

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.