Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90033 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000060055**

1. Corporation Name

WESTON SPORTS MANAGEMENT, INC.

Principal Place	of Business	Mailing Address				-	T COMPLEMENT TO THE OUTER DUTY TO	ikil dilini adika i		
963 SHOTGUN ROAD 963 SHOTGUN ROAD					•					
SUNRISE FL 33		SUNRISE FL 33326								
US US					DO NOT WRITE IN THIS SPACE					<u></u>
						3.	Date Incorporated or Qualifed			
							07/17/1996	•		İ
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number	_ "	App	lied For
	niversity Dr.	26 25. Univer	sit	٠,	Dr.		65-0454825	•	Not	Applicable
Suite, Apt. i		Suite, Apt. #, etc.		-		7 -	Certifcate of Status Desired		\$8.75 A	dditional
22 33	In the transfer of the <u>+ the last contract</u>	27 Sy He 30	니				- = - +	<u>. </u>	Fee Rec	uired
City & State	•	City & State				6.	Election Campaign Financing	П	\$5.00 1	
23 P(90)	ration	28 / lantati	90	.	n		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun		271	8.	This corporation owes the curr	ent year Into		A7
24 F L	25 33324	29 (30		3	3 3 4		Personal Property Tax.		<u> </u>	No
	9. Name and Address of Current	Registered Agent		81		. 10.	Name and Address of New I	Registered A	Agent	1
SAMUELS, LEONARD K					Name					
100 NE 3RD AVENUE STE 400				82	Street Add	ress (F	O. Box Number is Not Accept	able)		
FORT LAUDERDALE FL 33301				83						
TONT EADDENDALL TE 35001				83						
•				84	City			FL	85 Zip C	ode
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										
0.0.0.0	Signature, typed or printed name of registered agent		_	\gent	signature require			DATE		20.01.40
12.	OFFICERS AND		13.	_			ADDITIONS/CHANGES TO OF	FICERS AN	Change	AS IN 12
TITLE	D	☐ DELETE	1,1 TITL	E			•		(Citatige	
NAME	SAMUELS, DAVID 121			ME			_			l
STREET ADDRESS	1055 SHOTGUN ROAD		1.3 STR	REET	ADORESS 😞	S,	University or	. Sui	re 302.	1
CITY-ST-ZIP	SUNRISE FL 33326 1.4			Y-ST-	1 ()	<u>, 10 U</u>	Hatron Fill 33	3224		
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CITY-ST-ZIP	SUNRISE FL 33326		2. 4 CIT				ration FL 3	<u>3324</u>	-	
TITLE		☐ DELETE	3.1 TITLE						Change	Addition
NAME:	•		3.2 NAME				,			· · · · · · ·
STREET ADDRESS			3.3 STREE		ADDRESS					*
CITY-ST-ZIP			3.4. CITY-		r-ZIP					
TITLE		☐ DELETE	4,1 TITLE						Change	Addition
NAME			4. 2 NA	ME						[
STREET ADDRESS			4.3 STR	REET	ADDRESS		•			ļ
CITY-ST-ZIP	·		4.4 CIT	Y-ST-	- ZIP		· .			
TITLE		☐ DELETE	5.1 TITL	LÉ					☐ Change	☐ Addition

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 trystee 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

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ DELETE

4/)/55 954423377\
Date Daytime Phone #

Change

Addition