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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000063743 (4)

MASTERPIECE SPORTS ART, INCORPORATED

FILED

May 16 1997 8:00am

Secretary of State

2. Principal Place of Business	Date Incorporated or Qualified 07/29/1996 FET Number Certificate of Status Desired Reading Reading Status From Status Properties Status From Status
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3754 3. 2. Principal Place of Business 2. Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 2. City & State City & State City & State Country 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State City & State Country 3. Country 4. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Suite, Apt. #, etc. 8. Street Address (F. Street Address (F. Statules, Etc. #) 8. Street Address (F. S	O7/29/1996 FE! Number S 9 - 339 \$ > >
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21	Not Applicable Serial
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's t	on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered
SIGNATURE Signature typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when	errolistating) DAN
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ORGS, DENT DELETE 1.5 TITLE	Change Addition
NAME LEONARD DOCTORS 12 NAME	*
STREET ADDRESS 2//2 BF/DE// ST STE 3 1.3 STREET ADDRESS	
THE PRESIDENT DILETE 1.1 THE NAME AEONARD DOCTORS STREET ADDRESS 3/13 BELDEN ST. STE 3 1.4 CHY-SI-ZIP THE PACKSONVILLE F1 3 VVOL DELITE 21 THE	
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CITY-\$1-ZIP 5.4 CHY-\$1-7IP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
C(1Y - S1 - ZIP 6.4 C(1Y - S1 - ZIP)	
14. I do horeby certify that the information supplied with this filing does not qualify for the exemption stated in Scinformation indicated on this annual report is supplemental annual report is true and accurate and that my significant is true and that my significant is true and accurate and that my significant is true and the significant	ection 119.07(3)(i), Florida Statutes. I further certify that the signature shall have the same legal effect as if made under eath; the