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

' PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071009

1. Corporation	n Name	# 190000011	007								
GIESCO CHAMPIONS INC.											
Principal Place	e of Busines	.s	M	failing Address	********			The second secon	** * ** ***		
3360 Ea				· .							
·								3. Date incorporated or Qualified 8/26/96 Sh. Date of Last Repo	ori		
2. Principal Pl			28	. Mailing Address				· · · · · · · · · · · · · · · · · · ·	ed For		
3660 East Bay Drive				26 101 E. Kennedy Blvd.				Not Applicable \$8.75 Additional			
Suite: Apt #: etc				27 2700 Barnett Plaza				5. Certificate of Status Desired Fee Requi			
City & State				City & State 28 Tampa, FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ 24β3711	· • • • • • • • • • • • • • • • • • • •			Ziρ Co		Country		8. This corporation has liability for intangible tax under s. 19 Florida Statutes Yes No			
24b2111	9. Name	and Address of Curr		20				10. Name and Address of New Registered Agent			
D 2 a b a a a a						81	Name				
Richard 2700 Ba				82 Street Ac			Street Add	iress (P.O. Box Number is Not Acceptable)			
101 E.	Kenned	ly Blvd.		63							
Tampa,	FL 33	602									
						64 City		FL 85 Zip Coc			
11. Pursuant to office or re agent. Lar	to the provis egistered aç m lamıliar w	ions of Sections 607.0 gent, or both, in the Ste ith, and accept the obl	502 and 6 te of Flori igalions c	507.1508, Florida Statu ida. Such change was of, Section 607.0505, F	tes, auth lorid	the above norized by a Statute	e-named cor y the corpora s.	rporation submits this statement for the purpose of changing its realion's board of directors. I hereby accept the appointment as reg	agistered pistered		
SIGNATURE											
Signature Typed or printed name of registered agen 12. OFFICERS AND									ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THLE	D	Of FIGERIOT	11000110	DELETE		11 TITLE	·····		Addition		
NAME	-	Sheiner			1	1.2 NAME		•			
STHEET ADDRESS	1 Place Villa Marie Canada H33 4M6			#3835			I ADDRESS				
City+St-7iP	Canad	<u>la H33 4M6 </u>				1.4 CITY - ST - ZIP		-			
TITLE				DELETE		21 TITLE		Change L] Addition		
NAME						2.2 NAME					
STREET ADDRESS							T ADDRESS		ŀ		
City-St-7iP	· · · · · · · · · · · · · · · · · · ·			☐ DELETE		2 4 CITY- 3.1 TITLE	51-211	☐ Change I	Addition		
TIBLE NAME				F-1 844414	•	3.2 NAME					
STREET ADDRESS							T ADDRESS	· •			
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filt				☐ DELETE		4.5 TITLE		· Li Change [Addition		
NAME						4. 2 NAME					
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CITY - ST. 28P			····		_	4.4 CITY-5	ST-ZIP				
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NAME						5.2 NAME	1	$\Delta h d \kappa$	2//cn		
STREET ADORESS							T ADDRESS	71) 46 (2)	174		
CHY ST ZIP				DELETE	_	54 CITY-	SI-ZIP	□ Change [Addition		
1011				L. DELETE		61 TITLE			racinita		
NAME					ł	62 NAME	l l	800002156578 -04/28/9701076013			
STHEET ADDRESS						0.3 SINLE	T AODRESS	-04/28/9701076013			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1997(3/A). 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 desting 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 in sharged, or on an attachment with an address.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

April 22,1947 (514) 875-522

FILED

Apr 28 1997 8:00am

Secretary of State