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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000071023

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90073 044 ***150.00

ST. HEGIS CHAMPIONS INC.						
Principal Place of Business Mailing Address						
•						
3380 EAST BAY DRIVE P.O. BOX 5 LARGO FL 33711 STOWE VT 05672-005						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						· '
Principal Place of Business 2a. Mailing Address						08/26/1996 4. FEI Number Applied For
- '	ace of business	⊢ ,				58-2270031 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	H, 610.	27				5. Certificate of Status Desired Fee Required
City & State	2	City & State				6. Election Campaign Financing S5.00 May Be
23		28	¬ '			Trust Fund Contribution Added to Fees
· · · · · · · · · · · · · · · · · · ·			Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
SOLLNER, RICHARD H				82	Street A	Address (P.O. Box Number is Not Acceptable)
2700 BARNETT PLAZA						
101 E. KENNEDY BLVD.				83		
TAMPA FL 33602				84	City	85 Zip Code
						FL 00 Exp source
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	Signature, typed or printed name of registered agent	and title of applicable (NOTE	Panielared	Agent	t signatura ra	required when reinstating) DATE
12,	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TI	πE		☑ Change ☐ Addition
NAME	GROSS, STEPHEN 12 N		ME			
STREET ADDRESS			REET	ADDRESS		
CITY+ST-ZIP				TY-ST	-ZIP	DORVAL QUEBEC CANADA HAP 146
TITLE	STD DELETE 2.17		ΠE		☐ Change ☐ Addition	
NAME	TEITLEBAUM, IRVING			WE		
STREET ADDRESS	I and a market market		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP				ITY-S	T-ZIP	DORYAL, QUEBEC CANADA HAP 146
TITLE	DELETE 3.1 TI		ΓLE		☐ Change ☐ Addition	
NAME			3.2 NA	WE		
STREET ADDRESS			3.3 \$7	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	TY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS	TREET ADDRESS		4.3 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY- S1	r-ZIP	
TITLE			5.1 TT	TLE.		☐ Change ☐ Addition
NAME			5.2 NA	WE		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI		r-ZIP	
TITLE		☐ DELETE	6.1 11			Change Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 \$7	REET	ADORESS	

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, on an attachment with an address, with all other like empowered.

SIGNATURE: