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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000077171 1. Corporation Name

FLORIDA SPORTSMEN, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90069 002 ***150.00



Principal Place of Business WELBOURNE FL 32904 US 2. Principal Place of Business 2. Corty & State 2. Suite, Apt. f. etc. 2. Suite, Apt. f. etc. 2. City & State 2. Corty & State 2. This corporation ones the current year intangable previous properties of Current Registered Agent 2. This corporation ones the current year intangable previous properties of Current Registered Agent 2. This corporation submits the statement for the engineers of New Registered Agent 2. Provious Properties of State Place Place Place 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number is Not Acceptable) 2. State Address (P.O. Box Number								
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28 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
9. Name and Address of Current Registered Agent TAUB, THEODORE C 100 N. TAMPA STREET #3500 TAMPA FL 33602 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appropriatment as registered agent with, and accept the obligations of, Section 2017,050, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 2017,050, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appropriatment as registered agent and accept the obligations of, Section 2017,050, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 2017,050, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 2017,050, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 2017,050, Florida Statutes. SIGNATURE SIGNATURE By City State Address (P.O. Box Number is Not Acceptable) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE OFFICERS AND DIRECTORS IN I	—		20	2.6				
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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 register of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 97 6/93, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS CITY-ST-ZIP MORRIS, MICHAEL D. 12. NAME 12. NEW YORK NY 13. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 14. TITLE DELETE 15. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 16. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 17. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 15. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 17. TITLE DELETE 18. Change A CHY-ST-ZIP TITLE DELETE Change Change Change A CHY-ST-ZIP TITLE DELETE Change A CHY-ST-ZIP TITLE DELETE Change Chang					Ì	83		
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 register 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 67.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS IN TITLE NAME NORRIS, MICHAEL D. 2771 W NEW HAVEN AVE 1.3 STREET ADDRESS CITY-ST-27P NEW YORK NY OFFICERS AND DIRECTORS IN 1.4 CITY-ST-27P NEW YORK NY OFFICERS AND DIRECTORS IN 1.5 STREET ADDRESS 1.6 Change ALIAN A.A.SH 1.2 EAST 2 ST - STE 2210 NEW YORK NY OFFICERS AND DIRECTORS IN 1.5 STREET ADDRESS 1.6 CHANGE 1.6 CHANGE 1.7 ST-27P TITLE OELETE 1.7 TITLE OELETE 1.7 TITLE OELETE 3.1 STREET ADDRESS CITY-ST-27P OELETE 3.1 STREET ADDRESS CITY-ST-27P TITLE OELETE 1.1 TITLE OELETE 1.2 NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-27P TITLE OELETE 1.7 TITLE OELETE OELETE STITULE OELETE OELETE STITULE OELETE STITULE OELETE STITULE OELETE STITULE OELETE OELETE STITULE OELETE OELETE STITULE OELETE STITULE					Į			
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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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

alla a on SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #