-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 # P96000082718 (3)

SKI-EE-ZZ SPORT, INC.

FILED May 19 1997 8:00am Secretary of State



Principal Place of Business Malling Address					· · · · · · · · · · · · · · · · · · ·		
1138 S.E. SRD AVENUE FORT LAUDERDALE FL 33316		1136 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316-1110					
						Date Incorporated or Qualified	
	Place of Business	28. Mailing Address				4. FEI Number Applied For	
Suite, Apt.	# atc	Suite, Apt. #, etc.			·	Not Applicabl	
2	. #, 0 .0.	27				5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28		Country		Trust Fund Contribution	
Zip ⊶	Country	Zip	30	Couritry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
4	25 9. Name and Address of Currer	29 nt Registered Agent	[30]			10. Name and Address of New Registered Agent	
TVE	RRELL, BRUCE M			81	Name		
	BB S.E. SRD AVENUE		,			A SOLUTION AND AND AND AND AND AND AND AND AND AN	
	RT LAUDERDALE FL 33316			82	Street Address (P.O. Box Number is Not Acceptable)		
FO	UI PUDEUDUEL LE 20010			83			
				84	City	85 Zip Code	
					'	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
12. TITLE	Signature, typed or printed name of registered age OF FICERS AN	ID DIRECTORS		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
····							
NAME	TYRRELL, BRUCE M	<u></u> 00.		1.2 NAME			
STREET ADDRESS	ALCO OF ADD LIFTING				ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	8	ŀ	1.4 CITY - S			
TITLE	V	DEL		217011		Change Additi	
NAME	TYRRELL, COLLEEN A 1136 S.E. 3RD AVENUE			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						•	
CITY - ST - ZIP	FART LAUREDRAFF CL 00040		1;	2 4 C/TY - ST - 7/P			
TITLE	\$	DEI	.ETE ;	3.1 TITLE		Change Additi	
NAME	GROSSMAN, ZACHARY D DR] :	3.2 NAME			
STREET ADDRESS			:	3.3 STREE	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			3.4. CITY -	S1-ZIP		
TITLE	T	DET	LETE	4.1 TIBLE		Change Addit	
NAME	HAMILTON, ALLEN		Į.	4. 2 NAME			
STREET ADDRESS		•			ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			4.4 CITY - :	ST-ZIP	Change Addition	
TITLE		ר"ן מנו		5.1 TITLE		[] Change] Addil	
NAME				5.2 NAME	L ADOLYTOS		
STREET ADDRESS					ADORESS		
CITY-\$T-ZIP		DEI		5.4 CITY - : 6.1 TITLE	51-ZII ²	Change Addii	
TITLE						I prioride [1] vocin	
MARIE		<u></u>					
NAME OTRECT ADDRESS		<u></u>	Į.	6.2 NAME	I ANNOFOC		
NAME STREET ADDRESS CITY-ST-ZIP			,	6.2 NAME	I ADDRESS		

Ido 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 eath; 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