

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

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085173 (8)

1. Corporation Name

THE SPORTS TABLE, INC.



Principal Place of Business 1200 NORTH FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432	Mailing Address 1200 NORTH FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432-2847
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2. Principal Place of Business 21 3499 W. Hillsboro Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 3499 W. Hillsboro Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
22 City & State 23 Deerfield Beach FL Zip Country		27 City & State 28 Deerfield Beach, FL Zip Country		4. FEI Number 65-0714174	Applied For Not Applicable
24 33442		25 Broward		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26 33442		27 Broward		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28 33442		29 Broward		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAYMOND, JOHN J JR. 1200 NORTH FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name John F. Sullivan 82 Street Address (P.O. Box Number is Not Acceptable) 3499 W. Hillsboro Blvd. 83 84 City Deerfield Beach FL 85 Zip Code 33442	
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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 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 of officer or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN F	1.2 NAME	
STREET ADDRESS	4051 N.W. BOCA RATON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, THOMAS R	2.2 NAME	
STREET ADDRESS	1145 N.E. 5TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Date

Daytime Phone #

0314183

CR2E034 (9/96)