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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088363 (2)

1. Corporation Name
LEADER SPORTS MANAGEMENT, INC.

Principal Place of Business

390 N ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801-1642

Mailing Address

390 N ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801-1687



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

N/A

4. FEI Number

X Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X Yes No

NEAL, RICHARD E
390 N ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801-1642

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FRALEY, ROBERT E
STREET ADDRESS 390 N ORANGE AVENUE STE 2600
CITY-ST-ZIP ORLANDO FL 32801-1642

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME Fraley, Robert E.
1.3 STREET ADDRESS 390 N. Orange Avenue, Suite 2600
1.4 CITY-ST-ZIP Orlando, FL 32801

2.1 TITLE V
2.2 NAME Ardan, Ivan N.
2.3 STREET ADDRESS 390 N. Orange Avenue, Suite 2600
2.4 CITY-ST-ZIP Orlando, FL 32801

3.1 TITLE V/S/T
3.2 NAME Amerman, Mark W.
3.3 STREET ADDRESS 390 N. Orange Avenue, Suite 2600
3.4 CITY-ST-ZIP Orlando, FL 32801

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Mark W. Amerman

3-31-97

(407)425-4900

Date

Daytime Phone #

CR2E034 (9/96)