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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104404 (4)

FILED Apr 20 1998 8:00am Secretary of State

PRO MOTION SPORTS, INC. Principal Place of Business Mailing Address P O BOX 32457 P O BOX 32457 PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0734052 21 26 <u>Applied</u> for Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 12 Yes □No 24 30 Personal Property Tax due June 30. 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SLATER, ROBERT W 214 BRAZILIAN AVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 221** 83 PALM BEACH FL 33480 84 City Zip Code 85 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 Signiflare, typed or printed name of registered agent and trie if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition DIMARE, MARK 12 NAME NAME 6 OYSTER BAY STREET ADDRESS 1.3 STREET ADDRESS N PALM BEACH FL 33408 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE ANDERSON, TODD NAME 2.2 NAME 10252 ALLAMANDA CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WEARY, DOUGLAS NAME 3.2 NAME 315 HUMMINGBIRD POINT STREET ADDRESS 3.3 STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 City-St-ZiP

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

CICMATURE.

m. 1 & Dim

Molon

ست د. . د د د ست