


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

Ag 10/99

1999 JUL 27 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000004585					
1. Corporation Name AMERICAN ASSOCIATION OF PROFESSIONAL ATHLETES, I NC.					

Principal Place of Business C/O MARK BOGEN, ESO 3700 AIRPORT RD. STE 307 BOCA RATON FL 33431	Mailing Address C/O MARK BOGEN, ESO 3700 AIRPORT RD. STE 307 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1761 W. HILLSBORO BLVD		2a. Mailing Address 26 1761 W. HILLSBORO BLVD		3. Date Incorporated or Qualified 01/15/1997	
Suite, Apt. #, etc. 22 S-328		Suite, Apt. #, etc. 27 S-328		4. FEI Number 65-0807137	
City & State 23 DEERFIELD BCH, FL		City & State 28 DEERFIELD BCH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33442		Zip 29 33442		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOGEN, MARK 3700 AIRPORT RD. SUITE 307 BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name MARK D. BOGEN 82 Street Address (P.O. Box Number is Not Acceptable) 1761 W. HILLSBORO BLVD - #328 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 Mark Bogen MARK BOGEN DATE 4/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BOGEN, MARK 3700 AIRPORT RD 307 BOCA RATON FL 33431	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kathleen Riley 1761 W. Hill	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Kathleen Riley 1761 W. Hillsboro Blvd. #328 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002948314-2 -08/03/99-01005-011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Mark Bogen MARK BOGEN DATE 4/10/99 Daytime Phone # 954-429-8970
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

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LICENSED TO PRACTICE LAW:
FLORIDA
ILLINOIS

LAW OFFICES
MARK D. BOGEN, P.A.
1761 W. HILLSBORO BLVD.
SUITE 328
DEERFIELD BEACH, FLORIDA 33442

TELEPHONE: (954) 429-8967
FACSIMILE: (954) 429-8998

July 26, 1999

Ms. Elizabeth Peck
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: American Association of Professional
Athletes, Inc.
Document No. P97000004585

Dear Elizabeth:

Please be advised that we did not receive the First Notice
for the above corporation.

We have enclosed \$150.00 and completed 1999 Profit
Corporation Annual Report.

Thank you for your assistance and if you should have any
further questions, please contact Kathryn in my office.

Sincerely,



Mark D. Bogen
Enclosures via Federal Express

Please note change of address: Mark D. Bogen, P.A.
1761 W. Hillsboro Blvd.
Deerfield Beach, Fl 33442