

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90020 030 ***150.00

DOCUMENT # P97000009295

1. Corporation Name
SOUTH FLORIDA SPORTS MANAGEMENT, INC.

Principal Place of Business
19811 N.E. 19TH AVENUE
MIAMI FL 33179

Mailing Address
19811 N.E. 19TH AVENUE
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

65-0754157

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4300 N. Ocean DR

Suite, Apt. #, etc.

22 Tower 1-206

City & State

23 Singer Island FL

Zip

24 33404

Country

25 USA

2a. Mailing Address

26 4300 N. Ocean DR

Suite, Apt. #, etc.

27 Tower 1-206

City & State

28 Singer Island FL

Zip

29 33404

Country

30 USA

9. Name and Address of Current Registered Agent

JOHN KIRK McDONALD P.A.
THE LAW CENTER
370 MINORCA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 PD ☐ DELETE
NAME PURPURA, RON
STREET ADDRESS 19811 N.E. 19TH AVENUE
CITY-ST-ZIP MIAMI FL 33179

TITLE STD ☐ DELETE
NAME PURPURA, MARIE H
STREET ADDRESS 19811 N.E. 19TH AVENUE
CITY-ST-ZIP MIAMI FL 33179

TITLE VD ☐ DELETE
NAME LYNN, RICHARD E
STREET ADDRESS 19811 N.E. 19TH AVENUE
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4300 N. OCEAN DR TOWER 1-206
1.4 CITY-ST-ZIP Singer Island FL 33404

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4300 N. OCEAN DR TOWER 1-206
2.4 CITY-ST-ZIP Singer Island FL 33404

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4300 N. OCEAN DR TOWER 1-206
3.4 CITY-ST-ZIP Singer Island FL 33404

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 24 1999 (561) 840-9789
Date Daytime Phone #

CR2E034 (11/98)

0258596