

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED

Sep 10 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000011575 (2)

1. Corporation Name
 SPORTSADVICE.COM, INC.



Principal Place of Business: 133 SEVILLA CORAL GABLES FL 33134
 Mailing Address: 133 SEVILLA CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 02/05/1997

21	2a. Mailing Address	26	475 RAMBLEWOOD DR SUITE 100	4. FEI Number	13-3970650	Applied For	Not Applicable
22	2b. Mailing Address	27	SUITE 100	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	2c. Mailing Address	28	CORAL SPRINGS FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	2d. Mailing Address	29	33071 USA	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent
 LEVY, CHARLES M
 133 SEVILLA
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 9505 South Dade Blvd
 Suite 601
 83 City
 Miami
 84 State
 FL
 85 Zip Code
 33156

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: *Mano Santucci* DATE: *8/10/98*

12. OFFICERS AND DIRECTORS

TITLE	Pres.	<input type="checkbox"/> DELETE
NAME	LORRIE DeFUSIO	
STREET ADDRESS	2108 COLONIAL AVE	
CITY-ST-ZIP	BROOKLYN NY 10461	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVEN SANTUCCI	
STREET ADDRESS	2038 CONTINENTAL AVE	
CITY-ST-ZIP	BROOKLYN NY 10461	
TITLE	Sec	<input type="checkbox"/> DELETE
NAME	MANO SANTUCCI	
STREET ADDRESS	2038 CONTINENTAL AVE	
CITY-ST-ZIP	BROOKLYN NY 10461	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Mano Santucci* DATE: *8/10/98*

CR2E034 (5/98)