

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000030832 (4)

1. Corporation Name

SLAPSHOT SPORTS GRILLE, INC.

Principal Place of Business

4728 WEST WISCONSIN AVENUE
TAMPA FL 33616

Mailing Address

4728 WEST WISCONSIN AVENUE
TAMPA FL 33616

2. Principal Place of Business

21 7570 Smokey Dr.

Suite, Apt. #, etc.

22 Suite I

City & State

23 Seminole Fl.

Zip

24 33777

Country

25 Pinellas

2a. Mailing Address

26 4728 W. Wisconsin Ave

Suite, Apt. #, etc.

27

City & State

28 Tampa Fl.

Zip

29 33616

Country

30 Hills.

9. Name and Address of Current Registered Agent

STULL, R J
602 SOUTH BOULEVARD
TAMPA FL 33806

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIVER, THOMAS K		
STREET ADDRESS	4728 WEST WISCONSIN AVENUE		
CITY-ST-ZIP	TAMPA FL 33616		
TITLE	D	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIVER, ROBIN J		
STREET ADDRESS	4728 WEST WISCONSIN AVENUE		
CITY-ST-ZIP	TAMPA FL 33616		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS K PIVER President 3/1/98 (813) 429-3832

CR2E034 (1097)