

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

FILED

May 14 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 # P97000033687 (9)

1. Corporation Name

FLORIDA SPORTS ADVENTURES, INC.



Principal Place of Business

3706 NORTH OCEAN BLVD.
SUITE 342
FT LAUDERDALE FL 33308

Mailing Address

3706 NORTH OCEAN BLVD.
SUITE 342
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

4. FEI Number

65-0744671

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CARTER P. STEFFEY JR.

82 Street Address (P.O. Box Number is Not Acceptable)

4040 GALT OCEAN DR. #919

83

84 City

FT. LAUDERDALE FL

85 Zip Code

33308

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

C. P. Steffey Jr.
Signature, typed or printed name of registered agent and date of appointment

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STEFFEY, CARTER P JR
STREET ADDRESS 3706 NORTH OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ DELETE

TITLE VD
NAME OLBRINK, JOHAN
STREET ADDRESS 3706 NORTH OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ DELETE

TITLE SD
NAME JUETTE, ARNE
STREET ADDRESS 3706 NORTH OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ DELETE

TITLE TD
NAME STALZER, ROBERT M II
STREET ADDRESS 3706 NORTH OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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.

SIGNATURE:

C. P. Steffey Jr.

PRESIDENT

CARTER P. STEFFEY JR. 4/15/98 65-0744671

CR2E034 (10/97)