PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039879 1. Corporation Name

MANATEE SPORTS, INC.

Drinning Disea of Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90077 045 ***150.00



Enncipal Flace	e or pusiness	Mailing Address				•	
1325 SNELL ISLE BLVD. SUITE 205C ST PETERSBURG FL 33704		SUITE 205C	1325 SNELL ISLE BLVD. SUITE 205C ST PETERSBURG FL 33704			DO NOT WRITE IN THIS SPACE	
01 1212100001	10 12 00/04	0.12.6	of Ferendadilo FE 00/07			3. Date Incorporated or Qualifed	
						05/05/1997	
2. Principal P	lace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For	
21	26					59-3458347 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be-	
23		28				Trust Fund Contribution Added to Fees	
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible	
24	25	29 30				Personal Property Tax.	
	9. Name and Address of Curr	rent Registered Agent		\neg		10. Name and Address of New Registered Agent	
				81	Name		
AVIS	, RICHARD T ESQ.			-	Ctt Adds	(D.O. Boy Number in Net Acceptable)	
	SNELL ISLE BLVD.		82 Street A		Street Addre	ress (P.O. Box Number is Not Acceptable)	
	E 205C				 		
	PETERSBURG FL 33704				ĺ		
• • • • • • • • • • • • • • • • • • • •				84	City	FL 85 Zip Code	
						oration submits this statement for the purpose of changing its registered	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. AND DIRECTORS	(NOTE: Registe		it signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P			IIITE			
NAME	AVIS, RICHARD T			NAME			
STREET ADDRESS	1325 SNELL ISLE BLVD., #2	205C			(ADDRESS)		
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-S	r-ZIP	☐ Change ☐ Addition	
TITLE		□ DEt	1 -	TITLE			
NAME			2.2	2 NAME			
STREET ADDRESS			2.3	STREET	TADDRESS		
CITY-ST-ZIP				4 CITY-S	iT-ZIP		
TITLE		☐ DEI	LETE 3.1	TITLE		☐ Change ☐ Addition	
NAME			3.2	2 NAME	-		
STREET ADDRESS			3.3	STREET	TADDRESS		
CITY-ST-ZIP			3.4	I. CITY-S	IT-ZIP		
TITLE		☐ DE	ETE 4.	1 TITLE		☐ Change ☐ Addition	
NAME			4.	2 NAME			
STREET ADDRESS			4.3	3 STREET	TADDRESS		
CITY-ST-ZIP			1	CITY-S			
TITLE		☐ DE		TITLE		☐ Change ☐ Addition	
NAME				2 NAME			
			5.5	STREET	T ADDRESS (
STREET ADDRESS	İ			4 CITY-S	1		
CITY-ST-ZIP		DE		TITLE		☐ Change ☐ Addition	
TITLE	}			2 NAME	}		
NAME					T ADDRESS		
STREET ADDRESS				4 CITY-S			
OTTO OT THE	I .		■ c.	CITY P	. I. /IP		

14. 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 or an attachment with an address, with all other like empowered.

SIGNATURE: