


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

APPROVED
AND
FILED

98 DEC -4 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # [REDACTED]					
1. Corporation Name Sarasota Sports, Inc.					
Principal Place of Business 3800 S. Tamiami Tr, #108 Sarasota, FL 34239		Mailing Address 3800 S. Tamiami Tr, #312 Sarasota, FL 34239			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7/1/97	
21		26	3800 S. Tamiami Tr	4. FEI Number 65-0751781	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	#312	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Sarasota, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	34239	30	USA
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KING, CLIFFORD M 100 WALLACE AVE SUITE 380 SARASOTA FL 34237			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VPDC	<input type="checkbox"/> DELETE			
NAME	LONG, BRAD E				
STREET ADDRESS	2033 WOOD ST #120				
CITY-ST-ZIP	SARASOTA FL				
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 VP, P.T.D.C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Brad E. Long					
1.3 STREET ADDRESS 3800 S. Tamiami Tr, #312					
1.4 CITY-ST-ZIP Sarasota, FL 34239					
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: BRAD E. LONG 11/25/98 941-350-8896					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)