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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042055 (8)

JACKSONVILLE PROFESSIONAL SPORTS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Plac	e of Busines		Mailin	g Address	•				- I TEORIOGR HAD BOULL ABOUT OBJUL BOULL BOULL BROWN STOLL BOURT BUILL BOULL BOURL			
4000-DAK-0T				-1000-DAK-8T								
JACKSCHARLE FL-88884				JACKSONHILLE FL 33304					- 1	DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified		
										05/12/1997		
	lace of Busin	ness		2a. Ma	ailing Address				_	4. FEI Number Applied For		
21 4002	Rwe18	on Stre	et	26 4	002 Bm	ersc	on St	tree	t	59–3409968 Not Applicable		
Suite, Apt. #, etc				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional		
City & Stat	· · · · · · · · · · · · · · · · · · ·			27	ty & State					Гее Нединес		
		le, FL		28 J	ackson	vill	Le, 1	PL		6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 32207	,	Country USA		Z4	207		Country US			8. This corporation owes or has paid the current year Intangible		
24 32207		20	of Current S			30	03	1		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
g, Name and Address of Current Registered Agent ELLIOTT, RALPH E JR												
	30 ROGER						81	<u></u>		RBGORY K. HARRIS		
JA		82 Street A				Street	Addre	ss (P.O. Box Number is Not Acceptable)				
.		21232					83	1	_	110111111111111111111111111111111111111		
							84	City		ISE Tip Code		
	1								TAC	KSONVILLE FL 32277		
11. Pursuant	to the piculs	ions of Section	5 607 0502 a	nd 607.1	1508, Florida S	Statutes,	the abov	e-named	corpor	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
agent la	m tambar w	in and accep	y le of lio tic	ris of Se	ection 607.050	5, Florid	a Statute	S.A	poration	on's board of directors. Thereby accept the appointment as registered		
SIGNATURE		لايجيرا		سيا	<u> </u>					4/30/98		
	Conditions: Typed	or profed name of r	CERS AND D	~		(NOTE RE		ent signature	required	d when reinstating) DATE		
12.	PD	— <u>— — — — — — — — — — — — — — — — — — </u>	CENS MINE	JIN CTO	DELETE	Ξ	13.		PD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **Change		
NAME 1	1	E, ARTIS					1.2 NAME		1	lmore, Artis		
STREET ADDRESS	1033 O/	•						ADDRESS		02 Emerson Street		
CITY-ST-ZIP	JACKSO	MMLLE FL 3	2204				1.4 CITY-5			cksonville, FL 32207		
TITLE	VD				DELETE	Ε	2 1 TITLE	1/0	_	am Winherly Change Addition		
NAME	MEISEN	Heimer, Dai	4 M				2.2 NAME	•		ood Emerson Street		
STREET ADDRESS	48 QUIF					1	2.3 STREET	ADDRESS				
CITY-ST-ZIP		D CT 06460					2 4 CITY	ST-ZIP		Tacksonulle, Ho. 32207		
TITLE	STD		_		K DELETE		3 1 TATLE		ST	Change Addition		
NAME		', ralph e j	Н				3.2 NAME	İ	G	rega Harris,		
STREET ADDRESS)GERO RD HIVILLE FL 3	0077				3.3 STREET		17/	154 Health Rd		
CITY-ST-ZIP	JALLASC	MAILLE PL 3	2211		DELETE		3.4. CITY -	ST-ZIP	7	Change Addition		
TITLE NAME						. [4.1 TITLE 4.2 NAME		ļ	L cusude Nacioni		
STREET ADDRESS							4.3 STREET	ANNDECC				
CITY-ST-ZIP							4.3 SINEE					
TITLE					DELETE	<u> </u>	51 TITLE	<u>,, -,,,</u>	<u> </u>	Change Addition		
NAME							5.2 NAME					
STREET ADDRESS							5.3 STAEET	ADDRESS				
CITY-ST-ZIP	L					'	5.4 CITY-5		1			
TITLE					DELETE		6.1 TITLE			Change Addition		
NAME							6.2 NAME					
STREET ADDRESS							6.3 STREET	ADDRESS				
CITY-ST-ZIP							64 CITY-5	T-ZIP	<u> </u>			

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in