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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042973 (2)

SIXTH BORO BASKETBALL, INC.

Principal Place of Business

Mailing Address

FILED May 04 1998 8:00am Secretary of State



1157 N.W. 84TH DR. 1157 N.W. 84TH DR. **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1157 NW BY DRIVE bs 015539 SAME Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be COTAL SPINOS Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 150WARD 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STARKMAN, JILL SAME 1157 N.W. 84TH DR. Street Address (P.O. Box Number is Not Acceptable) 82 CORAL SPRINGS FL 33071 83 85 Zip Code 84 City 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 111016 STARKMAN, ROBERT NAME 1.2 NAME 1157 N.W. 84TH DR. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP 1.4 CITY-\$T-7IP DELETE Change Addition TITLE 2.1 TITLE NACLERIO, RON NAME 2.2 NAME 49-10 HORATIO PARKWAY STREET ADDRESS 2.3 STREET ADDRESS **BAYSIDE NY 11364** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 conforation or the releiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chyliged, or on an attachment with an address.

CIONATURE.

4/25/98

914-2550224