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

PROFIT CORPORATION ANNUAL REPORT

1998

CIGNIATI IDE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055704 (5)

ELITE CLASSIC SPORT CAMP, INC.

Principal Place of Business Mailing Address				(1691499; 1/4 (\$)() (381) 281() 28(() 28())	J Giret Beres toffit MEHIT Dint soft.
13010 SW 63RD CT. 13010 SW 63RD CT. MIAMI FL 33156 MIAMI FL 33156					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				06/24/1997	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# At-	Suite, Apt. #, etc.			Not Applicable
Sulte, Apt. #	Ŧ, Ģ IC.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30,	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regists	red Agent
COR	PORATION SERVICE COMPAN	1 Y	81 Name	Robert Dorfman	
1201 HAYS STREET TALLAHASSEE FL 32301-2525			<u> </u>	dress (P.O. Box Number is Not Acceptable)	
				13010 SW 63 C+	
			83		
			84 City		85 Zip Code
	0'				FL <i>33.15</i> %
11. Parsuant to office or re	o the provisions of Sections 607.05 poistered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida. Such chan ge wa s	les, the above-named cor authorized by the corpora	poration submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I an	n familiar with and account the other	gations of, Section 607. 0505, Fl	orida Statutes.	11-0/0	4
SIGNATURE	Signature, (yield or printed hard of trays) red as	gent and title it appreciable (NO	If: Registered Agent signature requ	vired when reinstating) DA	8
12.		VD DIRECTORS (NO	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	President, Wirech		11 THLE	TODATO OF THE COLOR	☐ Change ☐ Addition
NAME	Lisa Darfman	-	1.2 NAME		· ·
STREET ADDRESS	12 ALD SIN 63 CF		1.3 STREET ADDRESS		
CITY-ST-ZIP	Minni, Fl. 3	3156	1.4 CHY-ST-ZIP		
TITLE	Vice President, Source Robert Dorfman	tory, Director DELETE	2.1 TITLE		Change Addition
NAME	Robert Dorfain		2.2 NAME		
STREET ADDRESS	13010 2W 63 Ct.		2.3 STREET ADDRESS		
CITY-\$T-ZIP	Miami, Fl. 331		2 4 CITY-ST-ZIP		
TITLE	•	L DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	. 3.4. CITY-ST-7IP		Change Addition
TITLE		☐ nerele	4.1 TITLE		Change L. Addition
NAME STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		En climings En Hodition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		÷
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby ce	ertify that the information supplied	with this filing does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the information
indicated of officer or d Block 12 o	on this annual report or supplement firector of the corporation or the rec r Block 13 if changed, or on an att	ਸਾ annual report is true and acc ceiver of kustee empowered to annefit with an address.	curate and that my signate execute this report as rec	ure shall have the same legal effect as if mad quired by Chapter 607, Florida Statutes; and t	e under oath; that I am an hat my name appears in

4/29/98

305-865-8011