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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000056068 (4)

AMPRO SPORTS LEAGUES, INC.

**FILED** Mar 20 1998 8:00am Secretary of State



| Principal Pla   | ce of Business   | Mailing Address                       |              |   |   |
|---|--|---------------------------------------|--------------|---|---|
| STE. 313, 813 E, BLOOMINGDALE AVE. STE. 313, 813 E, BLOOMII   |  |                                       | MINGDALE /   | WE.   |   |
| BRANDON FL 33511 BRANDON FL 33511   |  |                                       |              |   | DO NOT WRITE IN THIS SPACE  |
|   |  |                                       |              |   | 3. Date Incorporated or Qualified   |
|   |  |                                       |              |   | 06/25/1997  |
| 2. Principal Place of Business 2a. Mailing Address  |  |                                       |              |   |   |
| 21 26   |  |                                       |              |   | 4. FEI Number 59 - 3461071 Applied For Not Applicable   |
| Suite, Apt. #, etc.   |  |                                       |              |   | 5. Certificate of Status Desired S8.75 Additional   |
| 22 27   |  |                                       |              |   | Fee Required  |
| City & State City & State   |  |                                       |              |   | 6. Election Campaign Financing \$5.00 May Be  |
| <b>23</b> Zip   | ip Country Zip   |                                       | Coun         | has a   | Trust Fund Contribution L Added to Fees   |
| 24  | 25   | 29                                    | Country      |   | 6. This corporation owes or has paid the current year intangible                              |
|   | 25   29   30   9. Name and Address of Current Registered Agent |                                       |              | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |   |
| FII   | UME, FRANK V   |                                       |              | 1 Name  |   |
| 1705 CHAPLE TREE CIR., APT. I   |  |                                       |              |   |   |
| BRANDON FL 32301  |  |                                       | 6            | 2 Street  | Address (P.O. Box Number is Not Acceptable)   |
|   |  |                                       | E            | 3   |   |
|   |  |                                       | L,           | 1 0'  |   |
|   |  |                                       | 8            | ′   | FL 85 Zip Code  |
| 11. Pursuant  | to the provisions of Sportons 607.05                           | 02 and 607.1508, Florida Statu        | tes, the abo | ve-named  | corporation submits this statement for the purpose of changing its registered                 |
| office or registered agent of John, in the ctars of Floriba, Such change was authorized by the corporation's board of directors. I hereby accept the oppointment as registered agent. I am familiar with, and accept the oppointment as registered agent. I am familiar with, and accept the oppointment as registered. |  |                                       |              |   |   |
| SIGNATURE / MV / Lum / (Estated) 3/16/98  |  |                                       |              |   |   |
|   | Signature typed or printed name of registered a                |                                       |              | gent signature  | o required when reinstating) DATE   |
| 12.   | OFFICERS AF  | ND DIRECTORS  DELETE                  | 13.          |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| NAME  | FIUME, FRANK V   | LJ DELETE                             | 1.1 TITLE    |   | P/T/S/D/C/M Change Addition   |
| STREET ADDRESS  | 4705 CUADI E TOPE CID. ADT. I                                  |                                       | 1.2 NAM      | et address  | 013 E. Bloominsdate AVE-SUITE #313 11 N//14 11  |
| CITY-ST-ZIP   | BRANDON FL 33511-9315  |                                       | 1.4 CITY     |   | 813 E. Bloomingdate Ave-Suite #313 11 N/A 11<br>Brandon, FL 33511                             |
| TITLE   |  | DELETE                                | 2.1 TITLE    | - 51 - 217  | Change Addition   |
| NAME  |  |                                       | 2.2 NAM      |   | NADINE M. FIUME   |
| STREET ADDRESS  | , =  |                                       |              | Et adoress  | DIZ E. Bloomingdate AVE- SUITE #318 11 A/114  |
| CITY-ST-ZIP   |  |                                       | 2. 4 CITY    | - ST - 7IP  | NADINE M. FILME NADINE M. FILME 813 E. Bloomingdale Ave-Suite #313 11 N/A 4 BRANdon, FL 33511 |
| TITLE   |  | DELETE                                | 3.1 TITLE    | <u> </u>  | Change Addition   |
| NAME  |  |                                       | 3.2 NAM      |   |   |
| STREET AODRESS  |  |                                       | 3.3 STRE     | ET ADDRESS  |   |
| CITY-ST-ZIP   |  |                                       | 3.4. CITY    | - ST- ZIP   |   |
| TITLE   |  | DELETE                                | 4.1 TITLE    |   | ☐ Change ☐ Addition   |
| NAME  |  |                                       | 4. 2 NAM     | E   |   |
| STREET ADORESS  |  |                                       | 4.3 STRE     | T ADDRESS   |   |
| CITY-ST-ZIP   |  |                                       | 4.4 CITY     | ST-ZIP  |   |
| TITLE   |  | L DELETE                              | 5.1 TITLE    |   | Change Addition   |
| NAME  |  |                                       | 5.2 NAME     |   |   |
| STREET ADDRESS  |  |                                       | 5.3 STREE    | t address   | <b>i</b>  |
| CITY-ST-ZIP   |  | Dr. P**                               | 5.4 CITY-    |   |   |
| TITLE   |  | L DELETE                              | 6.1 TITLE    |   | L. Change L. Addition   |
| NAME<br>OTREET ADDRESS  |  |                                       | 6.2 NAME     |   |   |
| STREET ADDRESS  |  |                                       |              | T ADDRESS   |   |
| 14. I hereby c  | sertify that the information supplied w                        | with this filling does not qualify to | 6.4 CITY-    |   | d in Section 118 07/2VI) Florida Statutos I further continue that the information             |

indicated on this annual report or supplied with this him globes not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information indicated on this annual report is supplied 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 atjacylimpht with any address.