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

PROFIT
CORRORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 💂

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9700062343 (3)

Principal Plac	L SPORTS, INC. e of Business IFMAN AY OAKS DRIVE #353	Mailing Address C/O H. L. LEIFMAN 20320 FAIRWAY OAKS BOCA RATON FL	DRIVE #353	DO NOT WRITE IN THE	
2, Principal P	lace of Business	2a. Mailing Address		07/18/1997 4. FEI Number	Applied For
21		26		65-0816769	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	· · · · · · · · · · · · · · · · · · ·
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
BERNHARDT, PETER M					
BROAD & CASSEL 400 AUSTRALIAN AVE SOUTH			82 Street Add	ddress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33401			83		,
			84 City	F	85 Zip Code
SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed have of registered ag		authorized by the corpora florida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the property of the	pointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D LEIFMAN, HERBERT L 20320 FAIRWAY OAKS DRIVE #353		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 CITY-S1-ZIP		
TITLE NAME		נים טנגנונ	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			2.4 CITY-ST-ZIP		
THLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	3 4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		Deetic	4.1 IIILE 4.2 NAME		L_1 Change L_1 Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 THE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
l TITLE I		DELETE	6171715		Change Addition

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 supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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.

6.2 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

- -1/00

CRZE034 (10/97)

**FILED** 

Apr 13 1998 8:00am

Secretary of State