

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000063121 (2)
1. Corporation Name

PREMIER SPORTS MANAGEMENT, INC.

Principal Place of Business
462 63 STREET
HOLMES BEACH FL 34217

Mailing Address
462 63 STREET
HOLMES BEACH FL 34217

FILED

98 DEC 28 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

07/22/1997

4. FEIN Number

28-5388185

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Lee R Edwards

82 Street Address (P.O. Box Number is Not Acceptable)

462 63 STREET

83

84 City

Holmes Beach

FL

85 Zip Code

34217

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Lee R Edwards
Signature, typed or printed name of registered agent and title if applicable.

Lee R Edwards
(NOTE: Registered Agent signature required when reinstating)

11/27/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HEIER, CHRISTOPHER A SR ☒ DELETE
STREET ADDRESS 462 63 STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE VD
NAME WASHINGTON, ELLIOT ☐ DELETE
STREET ADDRESS 462 63 STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE STD
NAME EDWARDS, LEE R ☐ DELETE
STREET ADDRESS 462 63 STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 500002730025
1.3 STREET ADDRESS -01/05/99--01029--025
1.4 CITY-ST-ZIP ****750.00 ****750.00

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME EDWARDS, CARLA
4.3 STREET ADDRESS 462 63 STREET
4.4 CITY-ST-ZIP HOLMES BEACH, FL 34217

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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 attachment with an address.

SIGNATURE: SIGNATURE EDWARDS Lee R Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/3/98 9417989469

0090389

CR2E034 (5/98)