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 # P97000064911 (5)

FILED May 15 1998 8:00am Secretary of State

| 1, Corporation BSS S | PORTS, INC. | | , | | | |
|--|--|--|--------------------------|--------------|---------------------------------------|---|
| Principal Plac | ce of Business | Mailing Address | | | | |
| 8930 STATE ROAD 84 #231 8930 STATE ROAD 84 #231 DAVIE FL 33324 | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified 07/28/1997 |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | · · · · · · · · · · · · · · · · · · · | |
| 21 | | 26 | | | | 4. FEI Number Applied For Not Applied For |
| Suite, Apt. | #, elc. | Suite, Apt. #, etc. | | | | S9 75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Cou | untry | , | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | , | | Personal Property Tax due June 30. Yes No |
| | 9, Name and Address of Curren | t Registered Agent | | - | ı | 10, Name and Address of New Registered Agent |
| | ern, gloria g esq | | | 81 | Name | |
| | O PAT SHUB, ESQ. | | | 82 | Street Ac | Address (P.O. Box Number is Not Acceptable) |
| - | 0 SE 3RD AVE #404 | | | _ | | · · · · · · · · · · · · · · · · · · · |
| FI | LAUDERDALE FL 33316 | | | 83 | | |
| | | | | 84 | City | 85 Zip Code |
| 44 Durawant | to the pre-lines of Costinue DOT OF O | 0 | | ļ | <u> </u> | FL 2p code |
| office or r | registered agent, or both, in the State | z and 607.1508, Florida Stati of Florida. Such change was | utes, the a authorize | pove d by | e-named co / the corpor | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
| agentla | am familiar with, and accept the obliga | ations of, Section 60 7.0 505, F | Iorida Sta | lutes | 3. | , acceptant apparent acceptant |
| SIGNATURE | Signature, type-d or printed name of registered age: | 515224 5 | | | | |
| 12. | OFFICERS AND | | 13. | d Age | ent signature rec | required when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1110 | TLE | | Change Addition |
| NAME | STERN, JEFFREY P | | 1.2 N | AMF | | |
| STREET ADDRESS | 8930 STATE ROAD 84 #231 | | | | ADDRESS | |
| CITY-ST-ZIP | DAVIE FL 33324 | | | | T-ZIP | |
| TITLE | VD | DELETE | 2.1 Ti | | | Change Addition |
| NAME | STERN, IRA | | 2.2 N | AME | | |
| STREET ADDRESS | 8930 STATE ROAD 84 #231 | | 2.3 \$1 | IREET | ADDRESS | |
| CITY-ST-ZIP | DAVIE FL 33324 | | 2.40 | ::::Y-S | ST-ZIP | |
| TITLE | | DELETE | 3.1 TI | | | Change Addition |
| NAME | | | 3.2 N | 4ME | | · - |
| STREET ADDRESS | | | 3.3 \$1 | I AEE T | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. C | TY-S | ST-ZIP | |
| TITLE | | DELETE | 4.1 TO | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 N | AME | | |
| STREET ADDRESS | | | 4.3 \$1 | REET | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CI | TY-S | T- ZIP | |
| TITLE | | ☐ DEL E TE | 5.1 Ti | TLE | | Change Addition |
| NAME | | | 5.2 N | ME | | |
| STREET ADDRESS | | | 5.3 \$1 | REET | ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CI | 1Y-S1 | T-ZIP | |
| TITLE | | ☐ DEL É TE | 6.1 TI | TLE | | Change Addition |
| NAME | | | 6.2 N/ | ME | Ì | |
| STREET ADDRESS | | | 63 81 | AEET | ADDRESS | 1 |
| CITY-ST-ZIP | | 41 0 20 | 6.4 Cr | | | |
| 14. I hereby o | certify that the information supplied wil | th this filing does not qualify. | tor the exe | amnt | ion stated i | in Section 119.07(3)(i). Florida Statutes. I further certify that the information. |

. 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 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 at adjusted by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CICNIATUDE.

4-24-98 054,1122 0120