SECOND NOTICE: CORPORATION WILL BE D. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISS	ISSOLVED ON OR AFTER S	SEPTEMBER 30, 1998 O REINSTATE: \$750).	APPHOYED	
PROFIT CORPORATION	FLORIDA DEPART	MENT OF STATE		
ANNUAL REPORT  1998	Secretary of State DIVISION OF CORPORATIONS		98 OCT 23 PM 12: 06	;
DOOLINENT "	072314 (2)		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MIDTOWN SPORTS, INC.				
——————————————————————————————————————				
Principal Place of Business 5716 BAYWATER	Mailing Address 5716 BAYWATER			
TAMPA FL		DO NOT WRITE IN TH	IS SPACE	
			3. Date Incorporated or Qualified 08/20/1997	
2. Principal Place of Business 21 57 Va Previousles	2a. Mailing Address	nen Ava	4. FEI Number 593469495	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del>2100</del> 01	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State  28 Tompon	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid the appropriate Personal Property Tax due June 30.	
24 33615 25 USA 9. Name and Address of Current		0 USA	10. Name and Address of New Registere	
MATHEWS, FRANK		81 Name		
5716 BAYWATER TAMPA FL		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
<u>-</u>		83		
		84 City	F	
11. Pursuant to the provisions of sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, alto accept the obligations.	and 607.1508, Florida Statutes, FRorida. Such change was au	the above-named corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE SIGNATURE			9/de	<u> 3198</u>
Signature, Toped or printed name of registered agent  12. OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
		1.1 TITLE		Change Addition
10 10 10 10 10 10 10 10 10 10 10 10 10 1	·WS	1.2 NAME	00000267 -11/0 <u>3/9</u> 8:	185.90 r NN14N19
		1,3 STREET ADDRESS 1.4 CITY-ST-ZIP	****550.0	00 ****550.00
CITY-ST-ZIP T-BILL P. A. F.L.	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	. time" "	
CITY-ST-ZIP		2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	☐ DELETE	3.2 NAME		Change Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TILE	DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY 5.7-ZIP	DELETE	5.1 TITLE		Change Addition
N. A.FE		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		

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 for on an adaptiment with an address.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

(813)854-3067

CR2E034 (5/98)