TILE 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

P97000082514 (5) DOCUMENT

FILED Apr 13 1998 8:00am Secretary of State

NECTA	AR SPORTS, INC.			
Principal Plac	e of Business	Mailing Address		
PO BOX 115	71	PO BOX 11571		
FT LAUDERD	ALE FL 33339	FT LAUDERDALE FL 3	3339	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				09/24/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo
21		26		Not Applic
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition
22		27		5. Certificate di Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
3		28	1 - 6	Trust Fund Contribution
Zip	Country	Zip :::1	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
4	25 2. Name and Address of Curr	29	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		ent negistered Agent	81 Name /	
	ISEN, MARSHALL A 4 BRICKELL AVE SUITE 415			ERFY MARSH
	AMI FL 33131		82 Strant / '	TOP UNITED TO
1416	AMI FE 33131		83	Dickyla Dr.
			84 City	LAUDER-DALE FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	22 and 60 21508. Florida Stat	ules the above-named col	rooration submits this statement for the purpose of changing its regist
office or i	registe od agent, or both, in the Sta	to of Florida. Such change wa	authorized by the corpora	rporation submits this statement for the purpose of changing its regist alion's board of directors. I hereby accept the appointment as register
	im ternilar wiln, and accept the doi	Onlines of, Section Cor. USOS	nonda statutes.	7/10/78
SIGNATURE	Signature, typied or printed naturally gistered a	open and title if a fillicable (N	Olt: Registered Agent signature requ	uited when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D/P	☐ DLLFTE	1.1 TITLE	Change Ad
NAME	MARSH, KERRY		1.2 NAME	
STREET ADDRESS	PO BOX 11571 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33339	·	1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Ad
NAME	MACNABB, GARY		2.2 NAME	
STREET ADDRESS	370 ARROYO DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINITAS CA 92024		2.4 CITY - ST - ZIP	
TITLE	;	DELETE	3 1 TITLE	Change Ad
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CHY-SI-ZIP	1	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change
TITLE	١,,,	[_] DEC(10		ביי טומווער ביי אט
NAME			4. 2 NAME	
©TREET ADDRESS			4.3 STREET ADDRESS	/
CHTY-ST-ZIP		DELETE	4.4 City-St-ZiP 5.1 TITLE	□/C≱Ange □/Ad
NAME		ل المتداد	5.2 NAME	<i>711.</i> 7
ı			5.3 STREET ADDRESS	
STREET ADDRESS				// ///
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	7000024874BUChange DAd
NAME		im precit	6.2 NAME	-04/14/9801013012
STREET ADDRESS			6.3 STREET ADDRESS	***150.00
CHY-ST-ZIP			6.4 CITY-ST-ZIP	
			= 0.0 OH OF EU	

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 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 phanged, or on an attachment with an address.