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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90015 045 ***158.75



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 98000005061 ✓
 1. Corporation Name
 FOR CHAMPIONS ONLY, INC.

Principal Place of Business Mailing Address
 5460 HOFFNER AVE 5460 HOFFNER AVE
 SUITE 106 SUITE 106
 ORLANDO FL 32812 ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1-15-98
 4. FEI Number 59-3494608 Applied For Not Applicable
 5. Certificate of Status Desired X \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00-May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 WEST, DARREL
 5454 HOFFNER STE. 106
 ORLANDO FL 32812

10. Name and Address of New Registered Agent
 81 Name THOMAS E. ACEY, JR.
 82 Street Address (P.O. Box Number is Not Acceptable) 5454 HOFFNER AVE SUITE 108
 83
 84 City ORLANDO FL 85 Zip Code 32812

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 *Thomas E. Acy, Jr.* (Typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 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 PRESIDENT Change Addition
 1.2 NAME ROBERT E. LANE
 1.3 STREET ADDRESS 5454 HOFFNER AVE SUITE 108
 1.4 CITY-ST-ZIP ORLANDO FL 32812
 2.1 TITLE CFO Change Addition
 2.2 NAME LEE A WEISS
 2.3 STREET ADDRESS 5454 HOFFNER AVE SUITE 108
 2.4 CITY-ST-ZIP ORLANDO FL 32812
 3.1 TITLE Secretary Change Addition
 3.2 NAME Thomas E. Acy, Jr.
 3.3 STREET ADDRESS 5454 Hoffner Ave, Suite 108
 3.4 CITY-ST-ZIP Orlando, FL 32812
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 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

I hereby certify that the information furnished 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 registered agent 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 agreement with an address, with all other like empowered.

SIGNATURE: *Lee A. Weiss* 4-28-99 407277 9292 x103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)