## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000024079 1. Corporation Name

ASCENDANT SPORTS EMPRISES, INC.

## Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90229 037 \*\*\*150.00



Principal Place of Business Mailing Address								
3599 UNIVERSITY BLVD. S., SUITE 504 JACKSONVILLE FL 32216  3599 UNIVERSITY BLVD. S., S JACKSONVILLE FL 32216			UITE 504			DO NOT WRITE IN	THIS SDACE	
					<u> </u>	DO NOT WRITE IN  3. Date Incorporated or Qualifed	INIS SPACE	
						03/13/1998 _		ļ
. 5:-:	No. of Durings	2a. Mailing Address				4. FEI Number		Applied For
120E 14			warno	aurond Rd		59-3497461 -		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	r w co	<u>a Fu</u>			\$8.7	5 Additional
22 27						5. Certifcate of Status Desired	Fee	Required
City & State City & State						6. Election Campaign Financing	\$5.	<b>00</b> May Be
23		28 racksonville	C.FL	,		Trust Fund Contribution	Add	led to Fees
Zip	Country	Zip	Country			8. This corporation owes the current ye		<b>-4</b> .
24	25	29 32207 3	30 U	SA		Personal Property Tax.	Yes	ØNo
	9. Name and Address of Current	Registered Agent	<u>_</u>	1	1	<ol><li>Name and Address of New Regis</li></ol>	tered Agent	
OL ID	TIO O MARIELANA MA		81	Name	144	C. William III	_	
CURTIS, C. WILLIAM III				Street A		(P.O. Box Number is Not Acceptable)	-	
1935 SAN MARCO BLVD., #6				132	13	<u>norvehwood ka</u>	•	
JAU	KSONVILLE FL 32207		83					
			84	City			85	Zip Code 207
				1	ACIC	sonville		
office or I	registered agent or both in the State (	ot Fiorida. Such change was aut	inorizea by	the corpo	corporat oration's	ion submits this statement for the purpo board of directors. I hereby accept the	appointment a	s registered
agent. I a	am familiar with, and accept the obligat	ions of Section 607.0505, Florid	da Statutes	),		11/2	- 10a	
SIGNATURE	C. William	with #				712	0/97	
	Signature, typed or printed name of registered agen		Registered Age	nt signature re	equired who	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN 12
12.	OFFICERS AN	D DELETE	1.1 TITLE		C/S	ADDITIONS/OFFACES TO STITIOE	☐ Cha	
TITLE	lie .		1.2 NAME		C/3	illiam Curtis, III		
NAME	and the second s		1.3 STREET ADDRESS 13		132	lillian Curtis III, 6 Morrenwood Rd.		
STREET ADDRESS	014		1.4 CITY-ST-ZIP Ja		Tacl	Ksonville, FL 3220	7	. (
CITY-ST-ZIP TITLE	DELETE			2.1 TITLE			☐ Cha	nge 🗹 Addition
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-		and the second s	2. 4 CITY-			mpa FL 33626		
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NAME	-		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP	1		3.4. CITY-:	ST-ZIP				
TITLE	-	☐ DELETE	4.1 TITLE				☐ Cha	nge
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS		•		
CITY-ST-ZIP	t		4.4 CITY-5			_		
TILE		☐ DELETE	5.1 TITLE				☐ Cha	nge
NAME			5.2 NAME					<u> </u> -
STREET ADDRESS			5.3 STREE	TADDRESS				ľ
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE				☐ Cha	nge
NAME			6.2 NAME					

6.4 CITY-ST-ZIP 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, with all other like empowered.

904-346-0140