## 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 # P98000050439

FOSTER SPORTS, INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90177 031 \*\*\*150.00



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Principal Place	e of Business	Mailing Address				i i fall tramt ver satet tatet anter anter gater gater	. g.::: e#!!! #!##!	= 1111 P 1#11 [EE]
705 KET WEST	ST.	705 KET WEST ST.						
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426			26			DO NOT WRITE IN THIS SPACE		
1						3. Date is corporated or Qualifed		
1						06/03/1998		
2 5 1	Land of Dunings	2a. Mailing Address				4. FEI Number		pclied For
- 3 <i>i.</i> cz	lace of Business  31 W. ATZIWTIC Ave.					65-0845082	<u> </u>	ot Applicable
Suite, Apt.	<del>- 1 00 / /1.000 / - /10 0</del>	Suite, Apt. #, etc.						Additional
	#, etc.	27				5. Certifcate of Status Desired		ec uired
City & State		City & State				6. Election Campaign Financing	\$5:00	11ay Be -
23 BOYNTON BEACH 28 FL						Trust Fund Contribution	•	tc Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	ntangible	
24 334		29	30			Personal Property Tax.	☐ Yes	No
24 00 1	9. Name and Address of Current		. 11			10. Name and Address of New Registere	d Agent	
				81	Name			
ROS	enthal, Jeffrey H			82	Street Ada	dress (P.O. Box Number is Not Acceptable)		
2424 NO. FEDERAL HWY,STE.460					Sireet Add	Grees (F.O. Box Number is Not Acceptable)		
	A RATON BEACH FL 33431			83	-			
				Ш	-			Cudo
				84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the a	bove	e-named cor	poration submits this statement for the purpose	of changing its	s ragistered
	egistered agent, or both, in the State of m familiar with, and accept the obligati					tion's board of cirectors. I hereby accept the app	Office of the contract	egistereu
agent. a	m familiar with and at cept the obligati		(maa otat	uics	•	. <del>       </del>	<del>1-71</del>	_
SIGNATURE	Signature, typed or printed naine of registered agent	and title if applicable. (NOT	1.: Registered	I Agen	nt signature requ	red when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIC NS/CHANGES TO OFFICERS	ND DIRECT	
TITLE	D ·	☐ DELETE	1.1 TI	TLE			Change	Addition Addition
NAME	FOSTER, CARL		12 N	AME	l l			
STREET ADDRESS	705 KET WEST ST.		1.3 S	TREET	1 ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426		1.4 C	ITY-S	T-ZIP			
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STREET ADDRESS			2.3 S	TREET	T ADDRESS			
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CITY-ST-ZIP		DELETE	6.1 T		-		Change	Addition
TITLE			6.2 N				3-	
NAME					T ADDRESS			
STREET ADDRESS								
CITY ST. ZIP	l .		<b>2</b> 6.4 C	11 Y - S	T-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 indicate I 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.

SIGNATURE:

SIGNATU LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

561-638-4434

Daytime Phone :