

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90026 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000059284**

1. Corporation Name

**SPORTSMAN SERIES, INC.**

Principal Place of Business

Mailing Address

**975 SHOTGUN ROAD**  
**SUNRISE FLORIDA 33326**
**SAME**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**JULY 01, 1998**

4. FEI Number

**#65-0852536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be**  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 975 SHOTGUN ROAD**

Suite, Apt. #, etc.

2a. Mailing Address

**26 975 SHOTGUN ROAD**

Suite, Apt. #, etc.

City &amp; State

**23 SUNRISE FLORIDA**

Zip

**24 33326**

Country

**25 USA**

City &amp; State

**28 SUNRISE FLORIDA**

Zip

**29 33326**

Country

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**LEONARD IVANS**

82 Street Address (P.O. Box Number is Not Acceptable)

**11031 MONFERO STREET**

83

84 City

**CORAL GABLES**

FL

85 Zip Code

**33185**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/12/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LEONARD IVANS</b>
1.3 STREET ADDRESS	<b>11031 MONFERO STREET</b>
1.4 CITY-ST-ZIP	<b>CORAL GABLES FLORIDA 33185</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VV KENNETH GERWIT</b>
2.3 STREET ADDRESS	<b>2896 BIRKDALE</b>
2.4 CITY-ST-ZIP	<b>WESTON FLORIDA 33332</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T CYDELL IVANS</b>
3.3 STREET ADDRESS	<b>11031 MONFERO STREET</b>
3.4 CITY-ST-ZIP	<b>CORAL GABLES FLORIDA 33185</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S BARBARA GERWIT</b>
4.3 STREET ADDRESS	<b>2896 BIRKDALE</b>
4.4 CITY-ST-ZIP	<b>WESTON FLORIDA 33332</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/99  
Date954-474-4771  
Daytime Phone #

CR2E034 (11/98)