

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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90005 011 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000098613

1. Corporation Name

CHAMPIONS U.S.A., INC.

Principal Place of Business
2376 70th WAY
DAVIE, FL. 33317

Mailing Address
2376 70th WAY
DAVIE, FL. 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1998

2. Principal Place of Business
21 2881 S.W. 73 WAY

2a. Mailing Address
26 2881 S.W. 73 WAY

4. FEI Number
65-0878159

Suite, Apt. #, etc.
22 APT. #2110

Suite, Apt. #, etc.
27 APT. #2110

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 DAVIE, FLORIDA

City & State
28 DAVIE, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 33314 25 USA

Zip Country
29 33314 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEHAR, LARRY J P.A.
888 S.E. THIRD AVENUE
SUITE 400
FORT LAUDERDALE, FL. 33316

10. Name and Address of New Registered Agent

81 Name
MICHAEL BRAULT
82 Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD.
83 BLDG. "G"
84 City
SUNRISE FL 85 Zip Code
33351

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

Michael Brault

MICHAEL BRAULT, ACCOUNTANT 6/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	NICHOLAS TUMBARELLO
STREET ADDRESS		1.3 STREET ADDRESS	2881 S.W. 73 WAY, #2110
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LOUIS TUMBARELLO
STREET ADDRESS		2.3 STREET ADDRESS	2881 S.W. 73 WAY #2110
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Nicholas Tumbarello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/99

Daytime Phone #

CR2E034 (1/98)