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 # P98000104126

ADAM MCCARTHY SPORTS, INC.

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90013 020 ***150.00

ADAM MODALITH OL	5/170) iivo.											
Principal Place of Business	Mailin	g Address					1 (89)(99)			PI 1011 BION	11010 ()01	
7320 ANADALE CIRCLE		7320 ANADALE CIRCLE			[
AKE WORTH FL 33467	LAKE W	LAKE WORTH FL 33467				DO NOT WRITE IN THIS SPACE						
						3	. Date Incorp					
							12/15/199					
2. Principal Place of Business	2a Ma	ailing Address	_				. FEI Number			———	Appl	lied For
	·	26						08815	58	F		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.								.75 Ac	Iditional	
22		27			5.	. Certifcate o	Status Desi	red 🗌	F	ee Req	uired	
City & State		City & State			6.	. Election Ca	npaign Fina	ncing	\$5	5.00 N	lay Be	
23		28				Trust Fund Contribution Added to Fees						
	ountry Zip	0	Col	untry		8.	. This corpora	ation owes th	e current yea	r Intangible		
2425	29		30				Personal Pr			□ Ye	s [□No
	Address of Current Register	ed Agent		ļ.,,		10	. Name and	Address of	New Registe	red Agent		
***************************************	1 -1			81	Name	A0	AM MCC	ANTHY	•	_		1
AMERILAWYER AND THE	-				Street A		P.O. Box Nun	D. Box Number is Not Acceptable)				
343 ALMERIA AVENU						7320	o An	MDAGE	circle	-		
CORAL GABLES FL 3	3134			83		•				,		'
				84	City		,			85	Zip Co	ode
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11. Pursuant to the provisions of	f Sections 607.0502 and 607.	1508, Florida Statut	es, the a	above	named o	corporatio	on submits thi	statement	or the purpos	e of chang	ing its r	egistered
agent. I am familiar with, an	r Sections 507,0502 and 507. r both, in the State of Florida. S d accept the obligations of, Se	ection 607.0505, Flo	rida Sta	tutes.	116.COI <u>HUI</u>	I AGOIL S. D	10H 0.016011 0.01	U.A. 1,11011111	11.0	00	,	
SIGNATURE adam	c. mclau	Louis						•	42	· 7Z		
Signature, typed or printe	ed name of registered agent and title if app				signature rec				DATE	E AND DID	COTO	C IN 12
12.	OFFICERS AND DIRECT		13.			<u></u>	ADDITIONS/	CHANGES	OUFFICER	CI		Addition
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NAME MCCARTHY, ADAM C			1.2 NAME 1.3 STREET ADDRESS									
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STREET ADDRESS												

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: