

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000104830**

Corporation Name

ATHLETE'S NETWORK, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90002 006 ***558.75



Principal Place of Business
5 WEST FIRST STREET #203
FORT MYERS FL 33901

Mailing Address
2075 WEST FIRST STREET #203
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	29	30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name Anthony J. Gargano	
				82 Street Address (P.O. Box Number is Not Acceptable) 2075 West First St.	
				83 Suite # 203	
				84 City Fort Myers FL 85 Zip Code 33901	

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 *Anthony J. Gargano* DATE **9/9/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		1.2 NAME	Anthony J. Gargano
3. STREET ADDRESS		1.3 STREET ADDRESS	2075 West First St. Suite #203
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Myers, FL 33901
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	David P. Maile <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2.2 NAME	David P. Maile
2.3 STREET ADDRESS		2.3 STREET ADDRESS	1653 Kensington Ct.
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Myers, FL 33907
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		3.2 NAME	Liston D. Bochette, III
3.3 STREET ADDRESS		3.3 STREET ADDRESS	2075 West First St. Suite #203
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Myers, FL 33901
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		4.2 NAME	Craig Pizaris Henderson
4.3 STREET ADDRESS		4.3 STREET ADDRESS	12951 Suite 6 Metro Pkwy
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Myers, FL 33912
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Anthony J. Gargano* DATE: **9/9/99** 941 337 2280

CR2E034 (5/99)