## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

A/R SPORTS EMPORIUMS, INC.										
Principal Place of Business Mailing Address  10800 N MILITARY TRAIL 5713 CORPORATE WAY PALM BEACH GARDENS FL 33410 SUITE 200										
US		W. PALM BEACH FL 33407 US				3. Date Incorporated or Qualified			oort	
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number 65-0228194	<u> </u>		oplied For ot Applicable	
Suite, Apt. #,		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22		City & State				6. Flection Campaign Financing		\$5.00	Мау Ве	
Crty & State		28				Trust Fund Contribution			to Fees	
Zıp	Country Zip		Country 30			8. This corporation has liability for Florida Statutes	s []No			
24	9. Name and Address of Currer	29 29 Agent	100			10. Name and Address of New	Registere	d Agent		
	9. Name Bilo Address s. Comme		8	1 Na						
COPELAND, JAMES E.				2 St	reet Addre	ress (P.O. Box Number is Not Acceptable)				
8295 N. I	AILITARY TRAIL, SUITE A		1	13						
PALM BEACH GARDENS FL 33410				14 C	<u> </u>			. 85 Zır	Code	
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SIGNATURE.	l, and accept the buildiness of each					ation submits this statement for the production of directors. I hereby accept the aparties are accept the acceptance to the acceptance the acc	CA1E		DRS IN 12	
12.	D DELETE		1 1 70	16				Ti Change	L. Madition	
NAME	GRAHAM, ANTHONY			1.2 NAME 1.3 STREET ADORESS						
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify 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 Blook 13 if changed, or on an attachment with an address.

SIGNATURE:

| Date | Dayling Place | Dayling Place

5.4 CITY - \$1 - ZIP

63 STREET ADDRESS

6 1 TITLE

6.2 NAME

CITY - ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change ☐ Addition