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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$52087

(1)

	MEGA SPORTS ENTERPRISES INC.										
t	Principal Place of Business	Mailing Address	failing Address				I NEGRICITE POR ORINE RICHA EQUAR ROTAR FOOD	Oldin Dholi Ch	HAY BIBIT BIBIT HIBIT TOEL		
	1370 SE 3RD TERRACE DEERFIELD BEACH FL 33441 US	1370 SE 3RD TERRACE DEERFIELD BEACH FL 33441-6735 US			İ	·					
						3.	Date Incorporated or Qualified 05/10/1991		e of Last Report 1/1996		
2. Principal Place of Business 2a, Mailing Address						4.	FEI Number		Applied For		
	21				65-0266205			Not Applicable			
	Suite, Apt. #, etc.	Suite, Apt. #, etc.			i	5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
	City & State	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	Zip Country <b>25</b>	Zip 29	30 Cot	intry		8.	This corporation has liability for in Florida Statutes	ntangible t			
	g, Name and Address of C	urrent Registered Agent			gent						
ĺ	DONALD DOMINO TR.	81	Name								
6100 NW 60 AVE PARKLAND FL 33067					Street Addre	ess (P.O. Box Number is Not Acceptable)					
	trivities with 1 to the second			83							
				84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip Code		

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												
Stynature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC								
TITLE	<b>D</b> XI	)ELETE	1.1 TITLE		Change	Addition						
NAME	JIM ENZOR		1.2 NAME			l						
STREET ADDRESS	1370 SE 3RD TERRACE		1.3 STREET ADDRESS									
CITY - ST - ZIP	DEERFIELD BEACH F		1.4 CITY-ST-ZIP									
TOLLE	VP X	ELETE	2.1 TITLE		☐ Change	Addition						
NAME	ENZOR, JIM		2.2 NAME	•								
STREET ADDRESS	1370 S.E. 3RD TERRACE		23 STREET ADDRESS									
CITY-ST-ZiP	DEERFIELD BEACH FL 33441		2.4 CITY-ST-ZIP									
THE	VP □□	DELETE	3.1 TITLE		☐ Change	Addition						
NAME	DENISE DOMINO		3.2 NAME									
STREET ADDRESS	6100 NW 60 AVE		3.3 STREET ADDRESS									
CITY - ST - ZIP	PARKLAND FL		3.4. CITY-ST-ZIP									
TITLE		DELETE	4.1 TITLE		Change	Addition						
NAME	DOWNED DOMING JE. GICO NUS GO ANE PORKIOND, FL 33067		4.2 NAME									
STREE! ADDRESS	6100 NO GOAVE		43 STREET ADDRESS									
CITY-ST-ZIP	parkland, Fl 33067		4.4 CITY - ST - ZIP									
TITLE	[	DELETE	5.1 TITLE		Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY - S1 - ZIP			5.4 CITY - ST - ZIP									
THE		DELETE	6.1 TITLE		Change	Addition :						
NAME			6.2 NAME									
STREET ACIDRESS			63 STREET ADDRESS	·								
C(TY+ST+Z)F			6 4 City - ST - ZIP									

14. If do hereby certify that the information supplied with this filling 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 134 changed, or on an attachment with an address:

SIGNATURE:

IONATORE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

954-ZH-8778

**FILED** 

May 09 1997 8:00am

Secretary of State

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