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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

4139 N. PINE ISLAND RD.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

SUNRISE FL 33351

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S57983

(6)

FLORIDA SPORTS EXCHANGE, INC.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc. -

26

Applied For

\$8.75 Additional

Not Applicable

**FILED** 

Jan 29 1998 8:00am

Secretary of State

4139 N. PINE ISLAND RD.
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1991

65-0272574

5. Certificate of Status Desired

4. FEI Number

[22] [27]							· .	טרו טט	quireu
City & State						6. Election Campaign Financing			May Be
23	28					Trust Fund Contribution L	A	dded t	Fees
Zip	Country	Zíp	—	untry		8. This corporation owes or has paid the			
24	25 29 30			<del></del>		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes	—.⊢	No
g. Name and Address of Current Registered Agent					Name	10. Name and Address of New Hegist	erea Agent		
SCALLIN, RICHARD				81	Ivaille				
2437 MARATHON LANE				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33312				83	<del></del>				
				83					
<u> </u>				84	City	<u> </u>	FL 85	Zip (	ode
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the ab					-named corpor			ina its	registered
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 he 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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFICERS			Addition
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NAME			6.2 N/	AME					
STREET ADORESS			6.3 ST	TREET A	DDRESS				

14. I 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 13 if chatteet, or on an attachment with an address.