APPROVED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Meytlyam ANNUAL REPORT 97 AUG -4 AM 11: 15 Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 5 45036 young's sportsvear meaponating Principal Place of Business Mailing Address 755 Kirkman Rd 755 Kirkinun Rd orlando 7232811 orlando #3281/ 3. Date Incorporated or Qualified 3a. Dale of Last Report 11/8/9/ 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 713 Kirkmankd 83 Orlactu16 3 2 8 11 84 City 85 Zio Code 11. Pursuant to the provisions of Stohons 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 Stoch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and 10 ppt the obligations of Section 607.0505, Florida Statutes.

SIGNATURE. SIGNATURE (NOTE Registered Agent signature required when reinstalling) 12. 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 DYPY: JANT DILETE TATLE 1.1 TITLE Change Addition NAME 1.2 NAME 755 Kirtman Rd STREET ADDRESS 1.3 STREET ADORESS 08 (undo7132811 1.4 CITY - ST- ZIP DITY-ST-ZIP DELETE Change D 2 Addition TITLE 2.1 TITLE *Ĭ65.00 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Add:tion NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - \$1 - ZIP DELFTE TITLE 5.1 10:11 Change Addition 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-7/P DELETE TITLE 61 TITLE Change Addition NAME

63 STREET ADDRESS

14. I do 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 is supplied entail 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 perforation of 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 3 if changed, 3,50 an attachment with an address.

SIGNATURE:

STREET ADDRESS

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