	ID NOTICE: CORPORATIO UE ON OR BEFORE 8/7/96: \$ PROFIT DRPORATION VUAL REPORT <b>1996</b>	IN WILL BE DISSOLV 225 (IF DISSOLVED, MIL	FLORIDA DEP/ Sandra Secre	R AUGUST 7, 1996, DUE TO REINSTATE: \$375.) ARTMENT OF STATE I B. Mortham lary of State CORPORATIONS	Jul 18 19	ILED 996 8:00am ary of State
DOCUMENT # S97646 (1) SPORTSOLUTION, INC. 1800 West International Speakway Blud. Suite LA Principal Place of Business Daytime Bich Mailing Address BER MAGON AVE F7 32117 ISON ESPANDIA 687 Mason DAYTONA BCH. FL 22114-, 32117 HOLLY HILL FL 32117 DAYTONA BLA FL 32117					3. Date Incorporated or Qualified 12/02/1991 3. Cate of Last Report 08/11/1995	
	Place of Business	2a. M	ailing Address		4. FEI Number	Applied For
<b></b>	Suite, Apt. #, etc.		uite, Apt. #, etc.		59-3157528	Not Applicable
22 City & Sta	27 27 City & State City & State				5. Certificate of Status Desired	Fee Required
23	· · · · · · · · · · · · · · · · · · ·	28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29 Zi	þ	Country 30	8. This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address ROWN, STEPHEN E.		ed Agent	81 Name	10. Name and Address of New Re	
1504 ESPANOLA ST.       82       Street Address (P.O. Box Number is Not Acceptable)         SUITE #1 HOLLY HILL FL 32117       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						
12.	Signature, typed or printed name of OFF	registered agent and life if app		The Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P BROWN, STEPHEN	r	DELETE	1.1 TITLE		Change Addition
NAME Street address City-st-zip	4844 20010014 05			1.2 NAME 1.3 STREET ADDRESS 1.4 C(TY - ST- ZIP		Change Addition
title Name Street address			DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition O
CITY-ST-ZIP TITLE			DELETE	2. 4 C/TY - ST - ZIP 3.1 TITLE		Change Addition
NAME Street address City-St-Zip				3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP				4.3 STREET ADDRESS		
TITLE NAME			DELETE	5.1 TITLE		Change Addition
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CHY-ST-2(P		
TITLE NAME			L DELETE	6.1 TILE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			and the set of the set	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
<ul> <li>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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</li> <li>SIGNATURE:</li> </ul>						
	BIONATINE A	NUTYPED OR PRINTED ANT	OF SIGNING OFFICER			101 000 0000

C A

Annual