

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V 17582  
1. Corporation Name  
Sports Celebrities of Florida, Inc.

Principal Place of Business Mailing Address  
2961 Placida Rd UNIT ONE Englewood, FL 34224  
P.O. Box 5260 AKRON, OH 44334

2. Principal Place of Business 2a. Mailing Address  
21 26 P.O. Box 5260  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28 AKRON, Ohio  
Zip Country Zip Country  
24 25 29 44334 30 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report  
2/28/1992 4-25-96  
4. FEI Number Applied For  
59-3121444 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
PATRICK, CARL E.  
7441 N. TAMiami TRAIL  
SARASOTA, FL 34243

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Thompson, Michael W.	
STREET ADDRESS	P.O. Box 5260	
CITY-ST-ZIP	AKRON, OH 44334	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SIKOR, Timothy J.	
STREET ADDRESS	P.O. Box 5260	
CITY-ST-ZIP	AKRON, OH 44334	
TITLE	✓	<input type="checkbox"/> DELETE
NAME	Stefanini, Joseph M.	
STREET ADDRESS	P.O. Box 5260	
CITY-ST-ZIP	AKRON, OH 44334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3960 Medina Rd.
1.4 CITY-ST-ZIP	AKRON, OH 44333
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3960 Medina Rd.
2.4 CITY-ST-ZIP	AKRON, OH 44333
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4632 Townsend Rd.
3.4 CITY-ST-ZIP	Richfield, OH 44286
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	500002171585
6.4 CITY-ST-ZIP	-05/08/97--01099--032 ***165.00

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 stated 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 changed by an attachment with an address.

SIGNATURE:  DATE: 4-16-97 DAYTIME PHONE #: 330-666-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Timothy J. Sikor

CR2E034 (9/96)