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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT-# -V24299 1. Corporation Name

IPC SPORTS INC.

Principa	l Place	of	Business
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% INTERNATIONAL PLAYERS CHAMPIONSHIP THE ALHAMBRA 2 ALHAMBRA PLAZA SUITE 611 Mailing Address

% INTERNATIONAL PLAYERS CHAMPIONSHIP THE ALHAMBRA 2 ALHAMBRA PLAZA SUITE 611

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90134 009 ***150.00



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CORAL GABLES	LES FL 33134 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed	·			
					03/27/1992		
2. Principal Pl	ace of Business	2a. Mailing Address		1.0	4. FEI Number	Applied For	
21 150	Alhambracircle	26 150 Alnamb	WG.	<u> </u>		Not Applicable	
Suite, Apt. :	#, etc. C 805	Suite, Apt. #, etc. 27 5 (Life 8))		E Cartificate of Status Desired	75 Additional ee Required	
City & State	I Gabies FL	City & State 28 () () () () () ()	<u>(</u>)	FL		.00 May Be ded to Fees	
Zip	Country	120 CO1001	Country		8. This corporation owes the current year Intangible		
21,3313		29 33134 30	U.	ΑC	Personal Property Tax.	: ≝No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name	. ,		
CT	CORPORATION SYSTEM		-		Ideas (D.O. Day Number in Not Accordable)		
1200	S PINE ISLAND RD		82	Street A	Idress (P.O. Box Number is Not Acceptable)		
PLAN	NTATION FL 33324		83	 	***************************************		
			84	City	85	Zip Code	
				-	FL ``		
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, th Florida. Such change was author ons of, Section 607.0505, Florida S	e abov zed by statutes	e- <u>named of</u> the corpo	proration submits this statement for the purpose of changi ation's board of directors. I hereby accept the appointment	ng its registered as registered	
SIGNATURE	•						
	Signature, typed or printed name of registered agent a			nt signature re	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI		
TITLE	PC	☐ DELETE 1	.1 TITLE		∵ □ Ch	ange	
NAME	BUCHHOLZ, EARL (BUTCH)	. 1	.2 NAME			,	
STREET ADDRESS	4725 DAVIS RD	1	.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIMAI FL	1	.4 CITY-S	IT-ZIP			
TITLE	VS	☐ DELETE 2	.1 TITLE			ange 🔲 Addition	
NAME Ì	BUCHHOLZ, CLIFFORD] 2	.2 NAME	Ì			
STREET ADDRESS	% ALHAMBRA PLAZA, SUITE 61	1 12	.3 STREE	T ADDRESS	50 Amambra Circle, Suite	825	
CITY-ST-ZIP	CORAL GABLES FL 33134		. 4 CITY-	ST-ZIP	50 Alrambra Circle, Suite Oral Gabks, Fl 33134		
TITLE	00/012 01.0220 12 00 10 1		.1 TITLE			ange Addition	
NAME			2 NAME		,		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			.4. CITY-	ĺ	•		
TITLE			.1 TITLE	-	Ch	ange Addition	
NAME			. 2 NAME	Ì			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			.4 CITY-S	- 1		ļ	
TITLE			.1 TITLE		Ch	ange Addition	
NAME			2 NAME				
STREET ADDRESS			.3 STREE	T ADDRESS			
CITY-ST-ZIP		į	A CITY-S	T-ZIP			
TITLE		DELETE 6	3.1 TITLE	$$ \dagger	□ Ch	ange Addition	
NAME		_	2 NAME				
STREET ADDRESS		. e	.3 STREE	T ADDRESS			
SIREE! ADDRESS			A CITY O	I			

14. I 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 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 seceiver 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 it effanged, or on an attachment with an address with all other like empowered.

SIGNATURE! SIGNING OFFICER OR DIRECTOR 1-15-49

Daytime Phone A