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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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-05/18/95--01005--004
****225.00 ****225.00

DOCUMENT # **V47730** **(9)**

1. Corporation Name

~~ORLANDO SPORTS CONSULTANTS INC~~

National Sales & Marketing Group

Principal Place of Business	Mailing Address
1015 E SEMORAN BLVD STE. 134 CASSELBERRY FL 32707 US	1015 E SEMORAN BLVD STE. 134 CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1992**
3a. Date of Last Report: **06/05/1994**

2. Principal Place of Business	2a. Mailing Address
21 445 Douglas Ave,Suite 1005	26 445 Douglas Ave,Suite 1005
Suite, Apt. #, etc. 22 Suite 1005	Suite, Apt. #, etc. 27 Suite 1005
City & State 23 Altamonte Springs, Fl.	City & State 28 Altamonte Springs, FL
Zip 24 32714 Country 25 USA	Zip 29 32714 Country 30 USA

4. FEI Number: **59-3165252** ☐ Applied For ☐ 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	10. Name and Address of New Registered Agent
BURNS, JON ~~1015 E SEMORAN BLVD #134~~ SUITE 550 CASSELBERRY FL 32707	445 Douglas Ave., Suite 1005 Altamonte Springs, FL 32714

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 _____ DATE

(Signature, typed or printed name of registered agent and, if applicable, the officer) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BURNS, JON ~~1015 E SEMORAN BLVD STE 550~~ ~~ALTAMONTE SPRINGS FL~~	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D Burns, Jon 1911 E. Jefferson Street Orlando, FL 32803	☒ Change ☐ Addition
		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		☐ Change ☐ Addition
		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		☐ Change ☐ Addition
		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	gvd 5-1-95	☐ Change ☐ Addition

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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ Jon Burns 5/02/95 407-788-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0097016 CP