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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V65976

(5)

THE BUZZ BRAMAN BASKETBALL SHOOTING ACADEMY, INC

Principal Place of Business

Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



8535 DARK H Columbia M US		8535 DARK HAWK CIRCLE Columbia MD 32804 US	OLUMBIA MD 32804		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1992		
	lace of Business	2a. Mailing Address		ĊL.	4. FEI Number		pplied For
21 685	3 Caravan Ct.	26 6853 Cara	van	CT	59-3152565		lot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 CB TAPARACC			200	包	5. Certificate of Status Desired	Fee F	lequired
City & State City & State Columbia, MD 28 City & State Columbia			olum	21a, M.	S. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24 210	44 25 USA	29 21044 3	Countr	<u>isa</u>	Total and the second se	☐ Yes	ntangible No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
MILLEK, LAWKENCE J.				81 Name			
2200 CORPORATE BLVD., NW SUITE 401				82 Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431			83	}			
			84	'	FL	- ` `	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		Alore	Daniel and A		uired when reinstating) DATE		
12.	Signature, typed or pointed name of registered agent a OFFICERS AND D		13.	jeni signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	DELETE	1 1 TOLE			Change	Addition
NAME			1.2 NAME				i
STREET ADDRESS	1829 SWEETWATER WEST CIR		13 STREE	T ADDRESS			-
CITY-ST-ZIP	APOPKA FL		1.4 CITY-	ST-ZIP			
TITLE		DELETE	21 TITLE	-		Change	☐ Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		- Contract	3 4. CITY	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE	ŀ		L. Change	☐ Madilion
NAME			4. 2 NAMI				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		Doctor	4.4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	
NAME			5.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP		Chanco	Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	ריין אטטוווטיו
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	T ADDRESS			1
CITY-ST-ZIP			6.4 CITY -		n Cootion 110 07/2Vi) Florida Statutes further c		

Thereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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. changed, or on an attachment with an address.