## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Aug 16, 1999 8:00 am Secretary of State 08-16-1999 90001 026 \*\*\*150.00

DOCUMENT #
1. Corporation Name P94000015033

E.A. & A. SPORTS, INC.

Principal Place of Business Mailing Address						
20211 S.W. 48TH PLACE 20211 S.W. 48TH PLACE						
FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 3333			12		DO NOT WRITE IN THIS SPACE	
	o				3. Date Incorporated or Qualified	THIS SPACE
					02/24/1994	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0469984	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		3. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	¬ \$5.00 Мау Ве	
		28			Trust Fund Contribution L	Added to Fees
Zip	Country		Country		8. This corporation owes the current ye	
24	25	29	]30]	<del> </del>	Intangible Personal Property.  10. Name and Address of New Regist	
	9. Name and Address of Currer	it Registered Agent	8	1 Name	IV. Name and Address of New Regist	tered Agent
KEN	NNEDY, EUGENE M		L			
517 S.W. 1ST AVE.			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	Ì
FOF	RT LAUDERDALE FL 33301		8	3		
			L			
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508. Florida Statut	es, the abov	e-named corpor	ration submits this statement for the purpose	e of changing its registered
office or i	registered agent, or both, in the State	of Florida. Such change was	authorized I	by the corporation	on's board of directors. I hereby accept the	appointment as registered
-	am familiar with, and accept the oblig	alions of, section 607.0505, Fi	unda Statut	es.		ļ.
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered	Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE ,	D	DELETE		: `		Change Addition
NAME	SUAREZ, RAQUEL		1.2 NAM	£		Last Cinzaligo La Tracentoni Lee
STREET ADDRESS	EET ADDRESS 20211 S.W. 48TH PLACE		1.2 POW			25
000/07.70	FT. LAUDERDALE FL 33332			ET ADDRESS		PEO34
CITY-ST-ZIP			1.3 STRE 1.4 CITY-	ST-ZIP		ROHOM STORY
TITLE	D	DELETE	1.3 STRE	ST-ZIP		Change Addition
	D SUAREZ, EDUARDO	DELETE	1.3 STRE 1.4 CITY-	ST-ZIP		CR9E034
TITLE	D SUAREZ, EDUARDO 20211 SW 48 PL	DELETE	1.3 STRE 1.4 CITY- 2.1 TITLE - 2.2 NAMI	ST-ZIP		CR9E034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, EDUARDO		1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SUAREZ, EDUARDO 20211 SW 48 PL	DELETE DELETE	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY- 3.1 TITLE	ST-ZIP  ET ADDRESS ST-ZIP		CR9E034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, EDUARDO 20211 SW 48 PL		1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAMI	ST-ZIP  ET ADDRESS ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, EDUARDO 20211 SW 48 PL	DELETE	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, EDUARDO 20211 SW 48 PL	DELETE DELETE	1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAMI	ST-ZIP  ET ADDRESS ST-ZIP		Change Addition  Change Addition  Change Addition  Change Addition
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

954 434-1289

19400005033 L005843-90001-24

## E. A. & A. SPORTS, INC. 20211 SW 43 PLACE FT. LAUDERDALE, FL 33332 (954) 434-1239

August 10, 1999

- Division of Corporations. Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

This will confirm the matter discussed with one of your attendants today regarding filing of our annual reporting.

Enclosed please find copy of our check stub indicating payment of our annual fee on March 21, 1999. After receiving the second notice from you and review of our bank statement which did not indicate that the check cleared our bank, it has become apparent that the annual report and check did not reach you.

I am hereby enclosing the new signed report and another check for \$150.00 in the hopes that due to the fact that this delay was not under our control, you can accept the \$150 as payment for our annual reporting fee.

Your cooperation in this matter is appreciated.

Sincerely-your-

Raquel Suarez