

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 8:07

DOCUMENT # **364360** (8)
1. Corporation Name
SPORT PRODUCTS INC OF MIAMI

Principal Place of Business Mailing Address
11995 SW 222 STREET MIAMI FL 33170 **11995 SW 222 STREET MIAMI FL 33170**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1970** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1295223** 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 § 199.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**HAMER, JOHN C.
11995 S.W 222 STREET
MIAMI FL 33170**

10. Name and Address of New Registered Agent
81 Name **JOHN C. DICK, ESQUIRE**
82 Street Address (P.O. Box Number is Not Acceptable) **2701 LeJeune Road, Suite #401**
83
84 City **Coral Gables, FL** 85 Zip Code **33134**

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 *John C. Dick Esq.* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when handling) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HAMER, JOHN
STREET ADDRESS	11995 S.W. 222ND ST.
CITY ST ZIP	MIAMI, FL 0
TITLE	PD
NAME	O'NEIL, BRIAN
STREET ADDRESS	11995 S.W. 222ND ST.
CITY ST ZIP	MIAMI FL
TITLE	VPD
NAME	HAMER, DAVID
STREET ADDRESS	11995 S.W. 222ND ST.
CITY ST ZIP	MIAMI BEACH, FL 0
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 110.07(3)(k), 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, in an attachment with an address.

SIGNATURE: *[Signature]* **5/22/95** **305 258-2000**
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)