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

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

F94000004425 (4)

 Corporation Name COVER SPORTS USA, INC.

-		. 8 8/41 8/811 8/818 1/881 8/4 1/8

Principal Place of Business Mailing Address						ABOV BBIO 5800 \$150 A150	. 11441 2111 1341	
6809 23RD AVE W. 6809 23RD AVE W. BRADENTON FL 34209			9					
					3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Re 04/06/199		
· · ·	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt.	u nto	26			23-2418302		Not Applicable	
22		Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
Crty & State	!	Orty & State			6. Election Campaign Financing \$5.00 May Be			
23	Country	28		Added to Fees				
Zip 24	Country 25	Zip 29			This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		THE PROPERTY OF THE PROPERTY O	8	Name	TO. Name and Address of New F	egistered Agent		
ΔΝΥΩΝ	BENJAMIN D							
	RD AVE W.		83	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
BRADEN	ITON FL 34209		8:	8				
			84	City		—. 85 Zip	Code	
\$4 Durawant	o the are delena of Castiana COZ OCO	0 1 007 4500 50 11 00 4		l		FL S		
Ur registeri	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ica. Such change was author?	red by the cor	named corpor poration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its re outment as registered	egistered office agent. I am	
SIGNATURE _	Signature, typed or princed manel of registerod age:							
12.		ID DIRECTORS	II: Hogoverer Age	ait 5090 at the response	ADDITIONS/CHANGES TO OFFI	DATE	DO IN 10	
TITLE	СР	DELETE	1. 1 TILLE		ADDITIONS/OFFAINGES TO OFFI	Change	Addition	
NAME	ANYON, HELEN	<u> </u>	1.2 NAME			Criange.		
STREET ADDRESS	6809 23RD AVE W.			T ADDRESS			}	
CITY - ST - ZIP	BRADENTON FL 34209		1.4 CHY-				ĺ	
TITLE	VCVS	DELETE	2 1 TITLE		·	☐ Change	Addition	
NAMÉ	ANYON, BENJAMIN D		2.2 NAME			onlangs		
STREET ADDRESS	6809 23RD AVE W.			r ADDRESS				
ÇITY - ST-ZIP	BRADENTON FL 34209		2.4 CITY -					
TITLE	Ť	DELETE	3 1 DIGUE	<u> </u>		☐ Change	☐ Addition	
NAME	anyon, Benjamin D		3.2 NAME				_	
STREET ADDRESS	6809 23RD AVE W.		3.3 SIRE	I ADDRESS				
CITY - ST - ZIP	BRADENTON FL 34209		3 4 CITY -	ST-ZIP				
TiTLE	D	☐ DELETE	4 1 11111	 		Change	Addition	
NAME	Stover, Janet		4.2 NAME					
STREET ADDRESS	146 RUSSELL ST		4.3 STR&E	I ADDRESS				
CITY - ST - ZIP	LONGBOAT KEY FL 34228		44 CITY -	\$1-ZIP				
TITLE	•	☐ DELETE	5 1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			53 STHEE	T ADDRESS				
CITY-ST-ZIP			5.4 CHY -	ST - ZIP				
TITLE		☐ DELETE	6 'TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				ļ	
STREET ADDRESS			63STREE	T ADDRESS			j	
CITY-ST-ZIP			6.4 C-TY-					
14. I do hereby	certify that the information supplied	with this filing is voluntarily fair.	ished and doe	s not qualify fo	or the exemption stated in Section 119.0	7(3)(k) Etoricla Statute	e I furtnor	

receive that the information indicated on this ining is voluntarily familiared and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report is suppliented annual report is true and cacurate 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 ultrachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED MANYON SIGNATURE AND TYPEO OR PRINTED MANYON SIGNING OFFICER OR DIRECTOR

4/12/96 941-794-3022