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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004183 (8)

1. Corporation Name
SPORTS CONTROL SYSTEMS, INC.

Principal Place of Business
450 NORTH WEST 34TH STREET
POMPANO BEACH FL 33064

Mailing Address
450 NORTH WEST 34TH STREET
POMPANO BEACH FL 33064-2881



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
03/21/1996

4. FEI Number
NOT APPLICABLE 05-043710

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

ZIEGLER, STEPHEN L
BRINKLEY, MC NERNEY, MORGAN ET AL
NEW RIVER CENTER, 200 EAST LAS OLAS BLVD
FORT LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME OXIOS, RALPH A
STREET ADDRESS 450 NORTH WEST 34TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D
NAME DOOLEY, VINCE J
STREET ADDRESS U OF GA/ATHLETIC ASSOC/PO BOX 1472
CITY-ST-ZIP ATHENS GA 30613

TITLE S
NAME LA FAZIA, FRANK
STREET ADDRESS 3100 POST ROAD
CITY-ST-ZIP WARWICK RI 02886

TITLE T
NAME DAMIANO, LUIGI
STREET ADDRESS 53 ASHBURTON STREET
CITY-ST-ZIP PROVIDENCE RI 02904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph A. OXIOS

January 17, 1997 1-954-784-076

CR2E034 (9/96)