

F98000001410

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Wheelchair Sports, Inc
(Name of Corporation)

Dear Sir or Madam:

600002446056--4
-03/03/98--01091--004
*****78.75 *****78.75

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Robert W. Fortner
(Name of Person)

Wheelchair Sports, Inc
(Firm/Company)

710 W. Hogle Ave
(Address)

Deland Fla 32720
(City, State and Zip Code)

W98-4766
W-3/12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 12 AM 11:29

For further information concerning this matter, please call:

Robert Fortner at (904) 736-9723
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 4, 1998

ROBERT W. FORTNER
WHEELCHAIR SPORTS, INC.
710 W. HOGLE AVE.
DELAND, FL 32720

SUBJECT: WHEELCHAIR SPORTS, INC.
Ref. Number: W98000004766

We have received your document for WHEELCHAIR SPORTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 798A00011848

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned RON FORTNER, do hereby certify
(Name)

that this Resolution of the Board of Directors of Wheel Chair
Sports, Inc.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of TENNESSEE

was duly adopted on 1983, 19

Be it resolved, that Wheel Chair Sports, Inc.
(Corporate Name)

organized and existing in the State of TENNESSEE, hereby adopts the name

Florida Wheel Sports, Inc for use in Florida.

Dated: 3-10-98

Ron Fortner, President
Signature of either Chairman, Vice Chairman or any officer

RON FORTNER
Type or print name

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. Wheelchair Sports Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. TENNESSEE
(State or country under the law of which it is incorporated)
3. 62-1154895
(FEI number, if applicable)
4. 1983
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. Florida Wheel Sports, Inc.
710 W. HOGLE AVE
(Current mailing address)
DELAND FLA. 32720
8. Sporting Education & recreation for Handicapped Athletes
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Robert W. Fortner
(Name)
710 W. HOGLE AVE
(Office address)
DELAND, Florida, 32720
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert W. Fortner

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: RON FORTNER

Address: 6641 Poplar 143

Memphis Tenn. 38138

Vice President: KENT FIVEASH

Address: 5695 GREEN VALLEY

Memphis Tenn 38135

Secretary: WAYNE PAGE

Address: 5135 Neyland Cv.

Treasurer: Memphis Tenn 38135

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ron Fortner - Pres
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

RON FORTNER - PRESIDENT

(Typed or printed name and capacity of person signing application)

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Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 12/09/1997
REQUEST NUMBER: 3416-2037
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/04/1983
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0124945
JURISDICTION: TENNESSEE

TO:
WHEELCHAIR INC
4921 WINCHESTER
MEMPHIS, TN 38118

REQUESTED BY:
WHEELCHAIR INC
4921 WINCHESTER
MEMPHIS, TN 38118

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"WHEELCHAIR SPORTS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
SECRETARY OF STATE
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/09/97

FROM:
WHEELCHAIR SPORTS, INC.
4921 WINCHESTER
MEMPHIS, TN 38118-0000

RECEIVED:	FEES \$10.00	\$10.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002213716
ACCOUNT NUMBER: 00035663



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE