

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K30074** (4)

1. Corporation Name  
**SPORT PLANE PRODUCTS, INC.**



Principal Place of Business: **420 HARBOUR DR NAPLES FL 33940-4010**  
Mailing Address: **420 HARBOUR DR NAPLES FL 33940-4010**

3. Date Incorporated or Qualified: **08/02/1988**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business <b>420 HARBOUR DRIVE</b>	22. Suite, Apt. #, etc.	2a. Mailing Address <b>420 HARBOUR DRIVE</b>	27. Suite, Apt. #, etc.	4. FEI Number <b>65-0135932</b>	Applied For Not Applicable
23. City & State <b>NAPLES FL USA</b>	24. Zip <b>33940</b>	25. Country <b>USA</b>	28. City & State <b>NAPLES FL</b>	29. Zip <b>33940</b>	30. Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>RHOADES, CHARLES R. 420 HARBOUR DRIVE NAPLES FL 33940</b>			10. Name and Address of New Registered Agent		
			81. Name <b>CHARLES R. RHOADES</b>		
			82. Street Address (P.O. Box Number is Not Acceptable) <b>420 HARBOUR DRIVE</b>		
			83. City <b>NAPLES, FL</b>		
			84. City <b>FL</b>	85. Zip Code <b>33940</b>	

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: *Charles R. Rhoades, President* *Charles R. Rhoades, April 8, 1996*  
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>RHOADES, CHARLES B.</b>	1.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>420 HARBOUR DR</b>	1.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VPM</b>	1.4 CITY-ST-ZIP	
TITLE	<b>JENKINS, W. D</b>	2.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1131 22ND AVE N</b>	2.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST</b>	2.4 CITY-ST-ZIP	
TITLE	<b>JENKINS, ANNINA R</b>	3.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1131 22ND AVE. N</b>	3.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VP</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TOBER, ROBERT</b>	4.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2240 SOUTH WINDS DR</b>	4.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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, or on an attachment with an address.

SIGNATURE: *Charles R. Rhoades, President* *APRIL 6, 1996* *941-763-1610*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)