

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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
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DOCUMENT # **K64172** (5)

1. Corporation Name
SPORTS BITES, INC.

Principal Place of Business

% NEIL S. SCHECHT
4830 W. KENNEDY BLVD # 280
TAMPA FL 33609

Mailing Address

% NEIL S. SCHECHT
4830 W. KENNEDY BLVD # 280
TAMPA FL 33609-2521

Change



3. Date Incorporated or Qualified **02/08/1989** 3a. Date of Last Report **03/06/1996**

4. FEI Number **65-0100503** 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 % Neil S. Schecht
Suite, Apt. #, etc. **2909 W. Bay to Bay Blvd**

22 City & State **# Penthouse Florida**

23 Tampa

24 Zip **33629-8100** 25 Country **USA**

2a. Mailing Address

26 % Neil S. Schecht
Suite, Apt. #, etc. **2909 W. Bay to Bay Blvd.**

27 City & State **# Penthouse Florida**

28 Tampa

29 Zip **33629-8100** 30 Country **USA**

9. Name and Address of Current Registered Agent

SCHECHT, NEIL S.
4830 W. KENNEDY BLVD
280
TAMPA FL 33609

Change

10. Name and Address of New Registered Agent

81 Name **% Neil S. Schecht**
82 Street Address (P.O. Box Number is Not Acceptable) **2909 W. Bay to Bay Blvd.**
83 City **Tampa # Penthouse Florida**
84 State **FL** 85 Zip Code **33629-8100**

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 **D** ☐ DELETE
NAME **GARCZYNSKI, CAROLE**
STREET ADDRESS **14565 EAGLE RIDGE DR**
CITY - ST - ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE
NAME **WERLEY, ELLEN**
STREET ADDRESS **14770 SOARING EAGLE CT**
CITY - ST - ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

Carole O. Garczynski **Carole O. Garczynski 1-17-97**

CR2E034 (9/96)