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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99056

1. Corporation Name

SPORTSWATCH, INC.

FILED
Jun 01, 1999 8:00 am
Secretary of State
06.01.1000.00001.010.***150.00

06-01-1999 90031 013 ***150.00



									
Principal Place	e of Business	Mailing Address							
45 CITRUS DR 8623 REGENCY PARK BLVD.									
PALM HARBOR	FL 34684		PORT RICHEY FL 34668			DO NOT WRITE	IN THIS	PDACE	
US		US				DO NOT WRITE 3. Date Incorporated or Qualifed	PA 1 (1)2	J- ACE	
						09/06/1990			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21	age of Badilless	├ ┐	26			59-3033641		— —	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				_	\$8.75	Additional
22	27				5. Certificate of Status Desired			lequired	
City & State	e		Clty & State			6. Election Campaign Financing		\$5:00	May Be
23		28	28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year Inta	ıngible	
24	25	29	29 30			Personal Property Tax. Yes ☐ No			
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	jistered A	gent	
				81	Name				
Kozmiulk, Thomas					Street Add	ress (P.O. Box Number is Not Acceptable	9)		
1090	7 LIVINGSTON DR			82 Street Add		1835 (F.O. Box Number is 1400 Acceptable	-,		
POR	T RICHEY FL 34654			83					
								Tam 1 77	0-4-
				84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Sta	atutes, the a	bove	e-named corp	poration submits this statement for the pu	mose of	changing it	s registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change wa	is authorized	ו עס ו	the corporati	on's board of directors. I hereby accept t	he appoir	tment as r	egistered
agent. I a	m tamiliar with, and accept the op	ligations of, Section 607.0505,	FIUNDA SIAL	nes.	•				
SIGNATURE	Signature, typed or printed name of registered	acent and title if applicable. (N	OTE: Registered	Agen	t signature require	od when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECT	ORS IN 12
TITLE	DVP	(DELETE	1.1 70	ΓLE				Change	☐ Addition
NAME	KOZMIULK, THOMAS		1.2 NA	ME					
STREET ADDRESS	10907 LIVINGSTON DR		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL 1.4 CT			TY-ST	T-71P				
TITLE	DP	☐ DELETE						Change	Addition
NAME	SECKAR, STEVE		2.2 NA						
	2628 WITLEY AVE.				ADDRESS				
STREET ADDRESS	PALM HARBOR FL		2.40						
CITY-ST-ZIP	DELETE 3,17				11-211		-/	Change	☐ Addition
			3.7 N						
NAME STREET ADDRESS					ADDRESS				
STREET ADDRESS					1				
CITY-ST-ZIP		DELETE	34, Ci		1-217			Change	☐ Addition
TITLE		ے محدد ا	4.2 N					_ •	
NAME					ADODESS				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		DELETE	4.4 CF		1-ZIP			Change	Addition
TITLE		□ DETE1	5.1 II 5.2 N/						
NAME			1		ADDRESS	-			
STREET ADDRESS					i				
CITY-ST-ZIP		FT DELETE	5.4 Cf		1-UP			Change	. Addition
TITLE		☐ DELETE						onange	
NAME			6.2 N/		. ADDOCES				
STREET ADDRESS					ADDRESS				
CITY ST 7ID	1		6.4 CI	TY-S1	T-ZIP				

14. I 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 appear of the corporation of the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 1999 (727) 942-4000