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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000015021 (7) DOCUMENT # SPORTS COM, INC. Principal Place of Business Mailing Address 9 SEAGULL TERRACE 9 SEAGULL TERRACE ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3168348 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAIRD, PAMELA J. 81 MENGET 9 SEAGULL TERR 82 Box Number is Not Acceptable ORMOND BCH FL 32176 83 Zip Code MOND \mathbf{a} 11. Pursuant to the provisions of Soctions 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 jamiliar with upd accept the obligations of Soction 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstaling) OF ICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition BAIRD, PAMELA J. PAMELA J. BADRO-MENGER NAME 1.2 NAME 9 SEAGULL TERR STREET ADDRESS 1.3 STREET ADDRESS ORMOND-BY-THE-SEA FL CITY-\$T-ZIP 1.4 CITY-ST-ZIF DP DELETE TITLE 2.1 TITLE Change Addition CEU. VINCENT NAME 2.2 NAME 2299 BREWERTON RD STREET ADDRESS 2.3 STREET ADDRESS MATTYDALE NY CITY-ST-ZIP 2. 4 CITY-ST-2iP DSVT DELETE TITLE 3.1 TITLE Change Addition FARLEY, MARIE NAME 3.2 NAME 611 SE 9TH #43 STREET ADDRESS 3.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY-ST-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 only an attachment with an address

FILED

Mar 25 1998 8:00am

Secretary of State