

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001536366
-07/12/95--01089--018
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P9300002142

1. Corporation Name

SPORT PRODUCTS, INC. OF POMPANO

Principal Place of Business

Mailing Address

1090 West Sunrise Boulevard
Fort Lauderdale, Florida 33311

3. Date Incorporated or Qualified

3a. Date of Last Report

5/1/94

2. Principal Place of Business

2a. Mailing Address

21 1090 West Sunrise Blvd.

26 1090 West Sunrise Blvd.

4. FEI Number

65-0486622

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Ft. Lauderdale, Florida

28 Ft. Lauderdale, Florida

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33311

25 USA

29 33311

30 USA

7. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JOHN C. DICK, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

2701 LeJeune Road, Suite #401

83

84 City

Coral Gables,

FL

85 Zip Code

33134

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

John C. Dick

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
DAVID HAMER
1090 West Sunrise Boulevard
Ft. Lauderdale, Florida 33311

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
WILLIAM SANDER
1090 West Sunrise Boulevard
Fort Lauderdale, Florida 33311

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/95

305
467-0940