

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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:59

**CORPORATION
ANNUAL REPORT
1995**



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000050157 (5)

1. Corporation Name

SPORTS GEAR INTERNATIONAL, INC.

Principal Place of Business

**6276 INDIAN MEADOW
ORLANDO FL 32819**

Mailing Address

**6276 INDIAN MEADOW
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

08/04/1994

4. FID Number

59-3192713

Accepted 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**

7. Has corporation been liable for a delinquency fee under the Florida Statutes?

(X) No () Yes

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KHANANI, M O
6276 INDIAN MEADOW
ORLANDO FL 32819**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(6), 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 607.02(2), Florida Statutes.

SIGNATURE

Signature of person named in registered agent certificate (If applicable)

Signature of Registered Agent (signature required after recording)

At:

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

NAME	D
STREET ADDRESS	KHANANI, M O
CITY, ST, ZIP	6276 INDIAN MEADOW ORLANDO FL 32819
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

NAME	D	☐ Change ☒ Addition
STREET ADDRESS	M. HANI KHANANI	
CITY, ST, ZIP	6276 INDIAN MEADOW ORLANDO FL 32819	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2), Florida Statutes. I further certify that the information submitted on this report is true and accurate and that my signature shall serve the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 11 of this report, or as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR