

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 1082

97 SEP -9 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **P94000004556 (4)**

1. Corporation Name  
**SPORTEC, INC.**

Principal Place of Business  
**3460 RED CLOUD TRAIL  
ST. AUGUSTINE FL 32086**

Mailing Address  
**3460 RED CLOUD TRAIL  
ST. AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/07/1994</b>		3a. Date of Last Report <b>08/09/1996</b>	
				4. FEI Number <b>59-3219509</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HALL, CHARLES E. 93-B ORANGE STREET ST. AUGUSTINE FL 32084</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS, PRESTON</b>	1.2 NAME	
STREET ADDRESS	<b>3460 RED CLOUD TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>DOUGLAS, ELIZABETH ANN</b>	2.2 NAME	
STREET ADDRESS	<b>3460 RED CLOUD TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Preston Douglas* (Preston L. Douglas) 9-4-97 904-797-2965

CR2E034 (4/97)

pg. 2 of 2

September 4, 1997

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

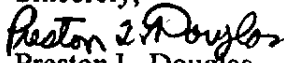
Please find enclosed my \$165 annual filing fees for Sportec, Inc. I contacted the Division of Corporations by phone immediately after I had received notification that the filing fees were late. They directed me to send the \$165 filing fee to your office along with my explanation as to why it is late.

As I told the lady in the Division of Corporations at the time of our phone conversation, I had no knowledge that the filing fees were late until I received the late notice. I had no recollection at that time of receiving the Annual Report Packet nor had I signed for anything in the mail from your office. I had no way of knowing whether the packet had been lost in the mail, delivered to another address, etc., until I received the late statement. I have no reason for not paying the \$165 filing fee on time other than the one that is presented above.

I would not knowingly disregard a statement which I reportedly had no recollection of receiving in the mail that would cause me to incur a \$385 late filing fee penalty. I have since found out from the Division of Corporations the necessary dates to place on my calendar so that there can not be any miscommunication as to the filing date for Sportec, Inc.

Thank you for your time and considerations in this matter.

Sincerely,

  
Preston L. Douglas  
Sportec, Inc.