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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P9400034268

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	000100			Lie Arese garess	OP NYAYE
Sports Science, Inc.				SECRETARY TALLAHASSE	UF STATE E. FLORIDA
Principal Place of Business	Mailing Address				
2780 Fairplex Dr.	P.O. Box 484				
Pomona, CA 91768	La Verne, CA	91750		Í	
·	•			3. Date Incorporated or Qualified	3a. Date of Last Report
				May 2, 1994	May 1996
2. Percepat Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3323085	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28	,	·	Trust Fund Contribution	Added to Fees
Zip Country	Zφ	Country		8. This corporation has liability for int	
24 25	29	30			Yes No
9. Name and Address of Cui	rrent Registered Agent	81 N	npno.	10. Name and Address of New Regi	stered Agent
Emanle A Variation		[81] N	Donn	na Lea Hawley	
Frank A. Hawley 5330 NW 45th Lane		82 St			
		83	1221	5 SE County Rd. 234	(Box 907)
Gainesville, FL 32606		63			
		84 C			85 Zip Code
10.00	0500 - 1007 1500 51- 4- 6-4		Mica	mopy,	FL 32667-09
11. Pursuant to the provisions of Society 607. off on or registered agent, or both, in the St	usuz and 607, 1508, Florida Statut tate of Florida. Such change was a	tes, the above-ha authorized by the	rneo corpo - corporatio	pration submits this statement for the pul on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
office or registered agent, or both, in the St agent I am familiar with, and accept it is	oligations of Section 607.0505, Fi	orida Statutes.	oor poratio		
SIGNATURE	ecci	DONNI	a Lêi	A HAWKEY	4/29/97
SIGNATURI Signature Specific promorphisms of registered	Lagert and little if applicable (NOT	DONNI E: Registered Agent sig	a Lêi	A HAWEY d when reinstating)	U/29/97
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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; the tan an efficer 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 to Brook 12 or Blook 13 if what sed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTO

4/29/97 909-392-5925