

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

**PROFIT
CORPORATION
ANNUAL REPORT**

1997



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

FILED

97 MAY -2 PM 4: 02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P940000034268

1. Corporation Name

Sports Science, Inc.

Principal Place of Business

**2780 Fairplex Dr.
Pomona, CA 91768**

Mailing Address

**P.O. Box 484
La Verne, CA 91750**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

May 2, 1994

3a. Date of Last Report

May 1996

4. FEI Number

59-3323085

Applied 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**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**Frank A. Hawley
5330 NW 45th Lane
Gainesville, FL 32606**

10. Name and Address of New Registered Agent

81 Name

Donna Lea Hawley

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

12215 SE County Rd. 234 (Box 907)

83

84 City

Micanopy,

FL

85 Zip Code

32667-0907

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 officer 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

DONNA LEA HAWLEY

4/29/97

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

11.2 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

11.3 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

11.4 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

11.5 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

11.6 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

11.7 TITLE ☐ DELETE

NAME: **PD
Hawley, Frank
5330 NW 45th Lane
Gainesville, FL 32606**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☒ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

21.1 TITLE ☐ Change ☐ Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

31.1 TITLE ☐ Change ☐ Addition

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

41.1 TITLE ☐ Change ☐ Addition

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-ST-ZIP

51.1 TITLE ☐ Change ☐ Addition

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-ST-ZIP

61.1 TITLE ☐ Change ☐ Addition

61.2 NAME

61.3 STREET ADDRESS

61.4 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 Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 909-392-5925

Date

Daytime Phone #

CR2E034 (9/96)