FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065901 (8)

1. Corporate Name

SPORTSWRAP, INC.

Principal Place of Business

5213 3RD STREET
ZEPHYRHILLS FL 33541

Mailing Address

5213 3RD STREET
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994

3a. Date of Last Report

4. FEI Number: 65-0524063 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

LEMCKE, GEORGIA H
5213 3RD STREET
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

Name

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

City FL 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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: LEMCKE, GEORGIA H
STREET ADDRESS: 5213 3RD STREET
CITY-ST-ZIP: ZEPHYRHILLS FL 33541

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Georgia H. Lemcke Georgia H. Lemcke 4/26/95 (813) 788-6837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0266723 CP