

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90059 049 \*\*\*150.00

DOCUMENT # P94000066716

1. Corporation Name

MEDICAL SPORTS PRODUCTS, INC.

Principal Place of Business

746 FLEET FINANCIAL CT  
SUITE B. BLDG 128  
LONGWOOD FL 32750  
US

Mailing Address

746 FLEET FINANCIAL CT  
STE B BLDG 128  
LONGWOOD FL 32750  
US

2. Principal Place of Business

21 766 BIG TREE DR.

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 LONGWOOD FL

Zip Country

24 32750 25 USA

2a. Mailing Address

26 766 BIG TREE DR.

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 LONGWOOD FL

Zip Country

29 32750 30 USA

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

4. FEI Number

59-3266570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GATZ, RAYMOND J III  
STREET ADDRESS C/O 844 LAKE COMO DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

☐ DELETE

TITLE ST  
NAME GATZ, SHERRIE W  
STREET ADDRESS 844 LAKE COMO DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T  
1.2 NAME RAY GATZ  
1.3 STREET ADDRESS C/O 844 LAKE COMO DRIVE  
1.4 CITY-ST-ZIP LAKE MARY FL 32746

☒ Change

☐ Addition

2.1 TITLE ST  
2.2 NAME GATZ, SHERRIE W  
2.3 STREET ADDRESS 844 LAKE COMO DRIVE  
2.4 CITY-ST-ZIP LAKE MARY FL 32746

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

(407) 339-2880

Daytime Phone #

CR2E034 (1/1/98)