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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000022230 (3)**

1. Corporation Name
SLAPSHOTS HOCKEY SHOP, INC.

Principal Place of Business
~~877 COPPERFIELD TERRACE~~
~~CASSELBERRY FL 32707~~

Mailing Address
~~877 COPPERFIELD TERRACE~~
~~CASSELBERRY FL 32707~~

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 212 E. SEMORAN BLVD.
22 Suite, Apt. #, etc
23 City & State: CASSELBERRY, FL.
24 Zip: 32707 25 Country: USA

2a. Mailing Address
26 212 E. SEMORAN BLVD.
27 Suite, Apt. #, etc.
28 City & State: CASSELBERRY, FL.
29 Zip: 32707 30 Country: USA

4. FEI Number: 593302995 ☐ 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

BROWN, T G ESQ.
324 DATURA STREET
COMMERCE CENTER, SUITE 312
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: DAVID SARCHI
82 Street Address (P.O. Box Number is Not Acceptable): 641 KISSIMMEE PL.
83 (PRESIDENT)
84 City: CASSELBERRY FL 85 Zip Code: 32707

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: DAVID SARCHI2 Dawn Sarchi (PRESIDENT) DATE: 4/24/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVID A. SARCHI2 212 E. SEMORAN BLVD. CASSELBERRY, FL. 32707	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	→ ?	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TRR DAWN SARCHI2 212 E. SEMORAN BLVD. CASSELBERRY, FL. 32707	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	→ ?	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dawn Sarchi DAVID SARCHI2 (PRESIDENT) 4/24/96 (407) 767-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)