

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023732 (7)

1. Corporation Name

OFF-CAMBER SPORTS, INC.



Principal Place of Business

1111 S. FEDERAL HIGHWAY
SUITE 106
STUART FL 34995

Mailing Address

P.O. BOX 689
STUART FL 34995

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 218 E. Osceola Street

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Stuart, FL

28 City & State

24 34994 25 USA

29 30

4. FET Number

65-0572193

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

10. Name and Address of New Registered Agent

ZACCHEO, DOMINIC
1111 S. FEDERAL HWY.
SUITE 106
STUART FL 34995

81 Name

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

83 218 E. Osceola Street

84 City
Stuart

85 FL 34994

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

4/1/96

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

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME LAPENGNA, JUDITH A
STREET ADDRESS 1111 S. FED. HWY., STE. 106
CITY-ST-ZIP STUART FL 34995

1.1 TITLE
12 NAME Lapegna, Judith A.
13 STREET ADDRESS 218 E. Osceola Street
14 CITY-ST-ZIP Stuart, FL 34994

TITLE DS
NAME ZACCHEO, DOMINIC
STREET ADDRESS 1111 S. FED. HWY., STE. 106
CITY-ST-ZIP STUART FL 34995

2.1 TITLE
22 NAME
23 STREET ADDRESS 218 E. Osceola Street
24 CITY-ST-ZIP Stuart, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

407-287-0217

Executive Phone #

CR2E034 (12/95)