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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000063560 (3) **DOCUMENT #** 1. Corporation Name

## LINITED SPORTS INTERNATIONAL, INC.

| OMIL  | D SI OITIG INTERNATION  | TALLY HOU                                     |                    |                                  |  |                                      |  |          |
|---|---|---|--------------------|----------------------------------|--|--------------------------------------|--|----------|
| Principa' Place of Business                   |   | Mailing Address                               |                    |                                  | 1 100 1100 1100 1010 10110 10110   | 18111 - ABILI ABILA ALIA             | ) (   <b>  </b> ) <b>  </b> (   <b> </b>   ) | 1881     |
| 5000 NW 27TH COURT #D<br>GAINESVILLE FL 32606 |   | 5000 NW 27TH COURT #D<br>GAINESVILLE FL 32606 |                    |                                  |  |                                      |  |          |
|   |   |   |                    |                                  | 3. Date Incorporated or Qualified 08/16/1995   | 3a. Date of t                        | ast Report                                   |          |
| 2. Principal Place of Business                |   | 2a. Mailing Address                           |                    |                                  | 4. FEI Number  | 176                                  | Applied For X Not Applicat                   |          |
| 21  |   | [26] Suite, Apt. #, etc.                      |                    |                                  | 2  | 8.75 Additional                      |  |          |
| Suite, Apt. #, etc.                           |   | 27  |                    | 5. Certificate of Status Desired |  | Fee Required                         |  |          |
| City & State                                  |   | City & State                                  |                    | 6. Election Campaign Financing   |  | \$5.00 May Be                        |  |          |
| Zip Country                                   |   | 28  | Zip Country        |                                  | Trust Fund Contribution  8. This corporation has liability for   |                                      | Added to Fees<br>oder s. 199,032.            |          |
| Zip Country 25                                |   | 29  | 30                 |                                  | Florida Statutes 🐧 Yes 🗆 No  |                                      |  |          |
|   | g. Name and Address of Curr   | ent Registered Agent                          |                    | .1                               | 10. Name and Address of New  | Registered Age                       | nt   |          |
|   |   |   | 8                  |                                  |  |                                      |  |          |
| SAWYER, J M                                   |   |   | 82 Street Add      |                                  | ress (P.O. Box Number is Not Accepta   | ible)                                |  |          |
| 5000 NW 27TH COURT #D<br>GAINESVILLE FL 32606 |   |   | 8                  | 3                                | The second secon |                                      |  |          |
| GANE  | 741CC. 1 C 02000  |   | 8                  | 4 City                           | The state of the s |                                      | 35 Zip Code                                  |          |
|   |   |   |                    | 1                                |  | FL                                   |  |          |
| or conjetoro                                  | the provisions of Sections 607.05<br>diagent, or both, in the State of Ek<br>a, and accept the obligations of, Se | arida. Sach change was authoriz               | rea by the co      | riamed corpo<br>rporation's hoa  | ration submits this statement for the p<br>rd of directors. I hereby accept the ap   | urpose of changi<br>pointment as reĝ | ng its registered o<br>istered agent. I an   | n        |
| SIGNATURE ,                                   | Signistane, bypord or prince or name of registered by   | ortanu teo Escaplosisio (Ne                   | DIE. Registered As | yent signatura raquin.           | o when redistating)  | DATE                                 |  |          |
| 12.   |   | ND DIRECTORS                                  | 13.                |                                  | ADDITIONS/CHANGES TO OF  |                                      |  |          |
| TIPLE   | DPST  | <b>DPST</b> DELETE                            |                    | F                                |  |                                      | Change [] Addition                           | on :     |
| NAME  | SAWYER, J M   |   | 12 NAM             | [                                |  |                                      |  | - [:     |
| STREET ADDRESS 5000 NW 27TH COURT             |   | #D  |                    | ELADDRESS                        |  |                                      |  |          |
| CITY-ST-ZIP                                   | GAINESVILLE FL 32606  | F) DELETE                                     |                    | - S1- ZIP                        |  |                                      | Onange Additi                                | <br>.ion |
| TITLE   |   | E"] thirtie                                   | 2 1 UIL<br>2 2 NAV |                                  |  | L.J .                                |  |          |
| NAME<br>OTRICE APPROSES                       |   |   |                    | ET ADDRESS                       |  |                                      |  |          |
| STREET ADDRESS<br>CITY - ST - ZIP             |   |   |                    | -S!-7if'                         |  |                                      |  |          |
| TITLE   |   | [] DELFIE                                     | 3 1 1111           |                                  |  |                                      | Change 🔲 Additi                              | .ior     |
| NAME  |   |   | 3.2 NAM            | 16                               |  |                                      |  |          |
| STREET ADDRESS                                |   |   | 33 S1F             | EET ADDRESS                      |  |                                      |  |          |
| CITY-\$1-ZIP                                  |   |   | 3.4 CII1           | (-S1-ZIP                         |  |                                      |  |          |
| TITLE   |   | [] DELETE                                     | 4 1 111            | l F                              |  |                                      | Change Additi                                | ion      |
| NAME  |   |   | 4.2 NAN            | te l                             |  |                                      |  | Ì        |
| STREET ADDRESS                                |   |   | 4 3 S1H            | EFT ADDRESS                      |  |                                      |  |          |
| CITY-S1-7IP                                   |   |   |                    | /- ST-7IP                        |  |                                      |  | 410.0    |
| 1nLE  |   | DELETE  | 5 110              | l l                              |  | L.J '                                | Change                                       | TIÓH     |
| NAME  |   |   | 5.2 NAN            |                                  |  |                                      |  |          |
| STREET ADDRESS                                |   |   |                    | FET ADDRESS                      |  |                                      |  |          |
| CHTY - ST - ZIP                               |   | F''Y 64 1.776                                 |                    | Y-\$1-ZiP                        |  |                                      | Change                                       | ting     |
| TITLE   |   | [] OFTELE                                     | 6 1 111            |                                  |  |                                      | oligings [_] Addit                           | cioi,    |
| NAME  |   |   | 6 2 NAM            | 1                                |  |                                      |  |          |
| STREET ADDRESS                                |   |   |                    | EET ADDRESS                      |  |                                      |  |          |
| L OUTV CT 700                                 |   |   | ■ 6 ¢ Cl1          | Y - S1 - 7(P                     |  |                                      |  | I        |

14. If 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or on an attachment with an address. President J. Michael Sawyer 4/30/are 352371000le

SIGNATURE: