

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 # **P95000076704**

1. Corporation Name

SPORTZ EMBROIDERY USA, INC.

Principal Place of Business

Mailing Address

**2164 RESERVE PARK TRACE
PORT ST LUCIE, FL 34986**

3. Date Incorporated or Qualified

OCT 95

3a. Date of Last Report

NA

2. Principal Place of Business

2a. Mailing Address

21 **2164 RESERVE PARK TR.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PORT ST LUCIE FL

28 City & State

24 Zip

34986

25 Country

USA

29 Zip

34986

30 Country

USA

4. FEI Number

65-0611347

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 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

**JIM WAGNER
1538 NW AMHERST
PORT ST LUCIE, FL 34986**

81 Name **JIM WAGNER**

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

2164 RESERVE PARK TRACE

83

84 City **PORT ST LUCIE**

FL

85 Zip Code **34986**

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 **JIM WAGNER**

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CHAIRMAN** ☐ DELETE
NAME **JIM WAGNER**
STREET ADDRESS **2164 RESERVE PARK TRACE**
CITY-STATE-ZIP **PORT ST LUCIE FL 34986**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **PRESIDENT OF OPERATIONS** ☐ DELETE
NAME **JOE ZEMAN**
STREET ADDRESS **2164 RESERVE PARK TRACE**
CITY-STATE-ZIP **PORT ST LUCIE FL 34986**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: **JIM WAGNER**
CHAIRMAN

4/29/96

4014664820
5-1-96

CR2E034 (12/95)