

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080321 (9)

1. Corporation Name

HOCKEYTOWN-USA, INC.



Principal Place of Business

**8471 PARKWOOD BOULEVARD
SEMINOLE FL 34647**

Mailing Address

**8471 PARKWOOD BOULEVARD
SEMINOLE FL 34647**

2. Principal Place of Business

21 **16108 4TH ST. E**

Suite, Apt. #, etc.

22 **REDINGTON BEACH, FL**

City & State

23 **33208**

Zip

24 **PINELLAS**

Country

2a. Mailing Address

26 **16108 - 4TH ST. E**

Suite, Apt. #, etc.

27 **REDINGTON BEACH, FL**

City & State

28 **33208**

Zip

29 **PINELLAS**

Country

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0624624

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

**DVITO, JOSEPH A
4514 CENTRAL AVENUE
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name

MARK R. MIKLOS

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

3647 9th St. N.

83

84 City

ST. PETE

FL

85 Zip Code
33704

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

Mark R. Miklos

Transmit

4/30/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
BERTOLAMI, JOSEPH J
16108 4TH STREET EAST
REDINGTON BEACH FL 33708**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
BERTOLAMI, JAMES C
8471 PARKWOOD BOULEVARD
SEMINOLE FL 34647**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
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:

Joseph J. Bertolami

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH BERTOLAMI
PRESIDENT**

4/30/96

813-547-4441

Daytime Phone

CR2E034 (12/95)