

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90064 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000091485**

1. Corporation Name  
**SPORTS MAX CORP.**



Principal Place of Business  
**1420 THIRD STREET SUITE 9 NAPA FL 94559 US**

Mailing Address  
**1420 THIRD STREET SUITE 9 NAPA FL 94559 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **1420 Third St.**

2a. Mailing Address  
 26 **1420 Third St.**

3. Date Incorporated or Qualified  
**12/01/1995**

4. FEI Number  
**58-2216602**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
**Suite 9**

27 Suite, Apt. #, etc.  
**Suite 9**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State  
**Napa, CA**

28 City & State  
**Napa, CA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip Country  
**94559 US**

29 Zip Country  
**94559 US**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IMAMIYA, KAZUHIKO</b>	1.2 NAME	
STREET ADDRESS	<b>1420 THIRD STREET, SUITE 9</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPA CA 94559</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOICHIRO, YAMAMOTO</b>	2.2 NAME	
STREET ADDRESS	<b>TOMOBUCHI 1-4-1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSAKA, JAPAN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKAHASHI, TORU</b>	3.2 NAME	
STREET ADDRESS	<b>NISHIMIYAHARA 2-7224</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSAKA, JAPAN</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *KAZUHIKO IMAMIYA* / **KAZUHIKO IMAMIYA** Date **2-24-'99** Daytime Phone # **(707) 226-1815**

CR2E034 (1/198)