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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000010466 (6)**

1. Corporation Name
SPORTS PHARMACEUTICALS OF AMERICA, INC.

Principal Place of Business	Mailing Address
2520 N.W. 16TH LANE. #10 POMPANO BEACH FL 33064	2520 N.W. 16TH LANE. #10 POMPANO BEACH FL 33064-1529

3. Date Incorporated or Qualified: 02/01/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 4747 N.Ocean Blud.
Suite, Apt. #, etc.
22 # 261
City & State
23 Ft. Lauderdale, FL.
Zip: 24 33308 Country: 25 USA

2a. Mailing Address
26 4747 N.Ocean Blvd.
Suite, Apt. #, etc.
27 # 261
City & State
28 Ft. Lauderdale, FL
Zip: 29 33308 Country: 30 USA

4. FEI Number: 65-064 7811 ☐ 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

FINLEY, STEVE
2520 N.W. 16TH LANE, #10
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: FINLEY, STEVE
82 Street Address (P.O. Box Number is Not Acceptable): 1057 Hillsboro Mile # 122
83
84 City: Hillsboro Beach FL 85 Zip Code: 33062

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: Steve Finley STEVE FINLEY GEN. MGR. 3-15-97
(Signature, typed or printed name of individual 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINLEY, STEVE 2520 N.W. 16TH LANE, #10 POMPANO BEACH FL 33064 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Finley, Steve 1057 Hillsboro Mile # 122 Hillsboro Beach, FL. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINLEY, LISHA 2520 N.W. 16TH LANE, #10 POMPANO BEACH FL 33064 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Finley, Lisha 1057 Hillsboro Mile # 122 Hillsboro Beach, FL. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Lisha Finley Lisha Finley 3/15/97 (954)942-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147808