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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000013403 (6)

1. Corporation Name

FIRST SPORTS MANIA, INC.

Principal Place of Business

11121-21 SAN JOSE BLVD.
CLAIRE LAND CENTER
JACKSONVILLE FL 32257

Mailing Address

11121-21 SAN JOSE BLVD.
CLAIRE LAND CENTER
JACKSONVILLE FL 32223-7228

3. Date Incorporated or Qualified

02/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3337911

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

SMITH, JOHN A
11121-21 SAN JOSE BLVD.
CLAIRE LAND CENTER
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

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 607.0132 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 of Registered Agent or Registered Agent's authorized representative)

(If "R" Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE D NAME SMITH, JOHN A STREET ADDRESS 7922 LITTLE FOX LANE CITY-ST-ZIP JACKSONVILLE FL 32256	13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP
12.2 TITLE D NAME FINCHER, JOE STREET ADDRESS 1702 W. UNIVERSITY CITY-ST-ZIP GAINESVILLE FL 32603	13.5 TITLE ☐ Change ☐ Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP
12.3 TITLE D NAME POST, RICK STREET ADDRESS 11121-21 SAN JOSE BLVD. CITY-ST-ZIP JACKSONVILLE FL 32257	13.9 TITLE ☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP
12.4 TITLE ☐ DELETE	13.13 TITLE ☐ Change ☐ Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP
12.5 TITLE ☐ DELETE	13.17 TITLE ☐ Change ☐ Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP
12.6 TITLE ☐ DELETE	13.21 TITLE ☐ Change ☐ Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP
12.7 TITLE ☐ DELETE	13.25 TITLE ☐ Change ☐ Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-826-2442
1-17-97
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CR2E034 (9/96)