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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016848 (9)

EQUISPORT MARKETING, INC.

Principal Plac	ce of Business	Mailing Address	 								
9101 MELLON ST AUGUSTINE	COURT	9101 MELLON COURT	9101 MELLON COURT ST AUGUSTINE FL 32086-8564								
							3. Date incorporated or Qualified 02/22/1996	3a. D	ate of Last R	eport	
2, Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address				4 EELNumber	\	Ap	plied For	
21		26					59-334000	10		ot Applicable	
Suite, Apt.	. #, etc.	Suite. Apt. #, etc	¬ ·				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stal	te	City & Stato	·				Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added	May Be	
Zip	Country	Zip	Country				8. This corporation has liability for		e tax under s		
24	25 29 30 30 30 30 30 30 30		30			Florida Statutes Yes YNo 10. Name and Address of New Registered Agent					
0110		Tone registored Agent		81	Name	<u>'</u>	U. Hame and Address of Hear He	gistered	Maiir		
RUPPEL, CHARLES W 150-J S PALMETTO AVE											
	TONA BEACH FL 32114			82	allee(7	Address (P.O. Box Number is Not Acceptable)					
				83							
				84	City				85 Zip (Code	
44 Duenuoni	to the previous of Castiana COV C	V(0/1 and 007 1(00 Flavida C	tatulan the	abou		Lacraced	tion submits this statement for the p	FL		lo rociolero d	
office or	registered agent, or both, in the St.	ate of Florida. Such change v	was authoriz	red by	the core	poration's	s board of directors. I hereby acce	ot the ap	pointment as	registered	
_	am familiar with, and accept the ob	nigations of, Section 607.050	o, Fiorida St	tatute	5.						
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable	(NOTE Begiste	леб Ар	ert signature	e required wh	har reinstating)	DATE			
12.	OFFICERS /	AND DIRECTORS	13	3.			ADDITIONS/CHANGES TO OFFIC	CERS AN			
TITLE		□ DELETE 1.1		TITLE		Pe	ESIDENT		☐ Change	Addit:on	
NAME			•		1.2 NAME		VIFRED H. KELLY I MELLON COURT ANGUSTINE FL 32				
STREET ADDRESS				1.3 STREET ADDRESS		910	MELLON TOTAL	286			
CITY-ST-ZIP		There is			5T - ZIP	77.	AUGUSTINE FL 32	υ.ψ	Change	Addition	
TITLE NAME		pr;; i i		2.1 THLE 2.2 NAME					Grange		
STREET ADDRESS				2.3 STREET ADDRESS							
CITY-ST-ZIP				2 4 CrtY-S1-ZIP							
TITLE		DELETE		3 1 TITLE				····	Change	Addition	
NAME			3.2	NAME:							
STREET ADDRESS			3.3	STREET	ADDRESS						
CITY-ST-ZIP			3 4	CITY-	ST-ZIP						
TITLE		L DELETE	4.1	TITLE					☐ Change	Addition	
NAME			4.2	2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DECETE		CITY - S	31 - ZIP				☐ Change	Addition	
TITLE				TITLE						Modition	
NAME				NAME	ADDOLCO						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE		TITLE	i - ZiP				☐ Change	Addition	
NAME .		ي مدداد		NAME					Dimings	Southout	
STREET ADDRESS	1				ADDRESS						
STITULE ADDITION	1		≡ 6.3	OTHER	CONTRACT	1					

14. I do hereby certify that the information supplied with this filling 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 suppliencental 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: Www.read.bl. Kelly Wiviped H. Kelly 1-22-97 904-471-9118