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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000025452 (9)

1. Corporation Name

VINCE'S SPORTS ROOM, INC.

Principal Place of Business

4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086

Mailing Address

4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

59-3376655 / CORRECT # 59-3372655

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

☐ Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CALCAGNI, VINCENT R
4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086

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 607.0502 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 the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CALCAGNI, VINCENT R
STREET ADDRESS 3385 COASTAL HIGHWAY UNIT 26
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DS ☐ DELETE

NAME MCKERNAN, DOREEN
STREET ADDRESS 3385 COASTAL HIGHWAY UNIT 26
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DV ☐ DELETE

NAME MAYR, EDWARD
STREET ADDRESS 6849 W CALUMET CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33487

TITLE DT ☐ DELETE

NAME MAYR, CANDY L
STREET ADDRESS 6849 W CALUMET CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33487

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: VINCENT R. CALCAGNI, President, P.P. 1/16/98 1-924-797-1111

CR2E034 (10/97)