


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

FILED

Apr 21 1998 8:00am  
Secretary of State

|   |                            |  |  |  |  |
|---|----------------------------|--|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>  |                            |         |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # P96000032309 (2)</b><br>1. Corporation Name<br><b>INTELLIGENT SPORTS, INC.</b>  |                            |  |  |  |  |
| Principal Place of Business<br><b>1025 SW Martin Downs Blvd.<br/>Suite 101<br/>Palm City, FL 34990</b>  |                            |  | Mailing Address<br><b>1025 SW Martin Downs<br/>Suite 101<br/>Palm City, FL 34990</b>   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |                            | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>04/15/1996</b><br>4. FEI Number<br><b>65-0666340</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>KATO, HISATAKE<br/>1025 SW MARTIN DOWNS BLVD., SUITE 101<br/>PALM CITY, FL 34990</b>  |                            |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 _____<br>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   | PD                         | <input type="checkbox"/> DELETE  | 11 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | KATO, HISATAKE             |  | 12 NAME  |  |  |
| STREET ADDRESS  | 1025 SW MARTIN DOWNS BLVD. |  | 13 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PALM CITY FL 34990         |  | 14 CITY-ST-ZIP   |  |  |
| TITLE   | D                          | <input type="checkbox"/> DELETE  | 21 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | BAKER, GEORGE R.           |  | 22 NAME  |  |  |
| STREET ADDRESS  | 1025 SW MARTIN DOWNS BLVD  |  | 23 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PALM CITY, FL 34990        |  | 24 CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> DELETE  | 31 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                            |  | 32 NAME  |  |  |
| STREET ADDRESS  |                            |  | 33 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                            |  | 34 CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> DELETE  | 41 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                            |  | 42 NAME  |  |  |
| STREET ADDRESS  |                            |  | 43 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                            |  | 44 CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> DELETE  | 51 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                            |  | 52 NAME  |  |  |
| STREET ADDRESS  |                            |  | 53 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                            |  | 54 CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> DELETE  | 61 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                            |  | 62 NAME  |  |  |
| STREET ADDRESS  |                            |  | 63 STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                            |  | 64 CITY-ST-ZIP   |  |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hisatake Kato, President**

**04/13/98**

**561-286-0365**

Date

Daytime Phone

CR2E034 (10/97)