

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041425 (5)

1. Corporation Name

SIGNATURE SPORTS, INC.



Principal Place of Business 1867 EDGEWOOD AVE S JACKSONVILLE FL 32205	Mailing Address 1867 EDGEWOOD AVE S JACKSONVILLE FL 32205-9129
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3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
4. FEI Number 59-3381401	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	

2. Principal Place of Business 21. INDEPENDENT LIFE BLDG Suite, Apt. #, etc. 22. 155 City & State 23. JACKSONVILLE FL Zip 24. 32202 Country 25. DUVAL	2a. Mailing Address 26. NEW Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.
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9. Name and Address of Current Registered Agent AWAD, JONATHAN B % PAINE WEBBER ONE INDEPENDENT DR SECOND FLOOR JACKSONVILLE FL 32202	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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: <i>Jonathan B. Awad</i> Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: 3/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	AWAD, JONATHAN B	1.2 NAME	
STREET ADDRESS	1867 EDGEWOOD AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DEREK	2.2 NAME	
STREET ADDRESS	2265 E FALLEN TREE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in an attachment with an address.

SIGNATURE: <i>Jonathan B. Awad</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (9/96)