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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

P96000088168 (5)

SPORTSMED, INC.

Principal Place of Business ### Address #### Address ### Address #### Address ##### Address ##### Address ##################################						
City & State Country Ze Ze Country Ze Ze Ze Ze Ze Ze Ze Z	Principal Plac	ce of Business	Mailing Address		 19011801 110 10119 01111 08111 08111 08111 1	
2. Principal Piace of Business	1615 LAI WEST PALM BEACH FL 33409 US		LANTANA FL 33462-1628			SPACE
2. Pincipal Piace of Business 2a. Mailing Addross A. FEI Number NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite,	US				1	}
21 700 N. LANIANA RD. 26 700 N. LANIANA RD. 50 100 N. LANIANA RD. 5010, Apt. #, etc. 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. Principal P	Place of Business	2a. Mailing Address			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. #, et				ATT ALL DO		P-1
27				1017-101-100		
City & State City & State City & State Country Zip Zip Country Zip	22		27		5. Certificate of Status Desired	•
28	City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
24 3 402 25 29 3 402 30 Personal Property Tax due June 30.	23 LANT		28 LANTANA		Trust Fund Contribution	Added to Fees
PORTER, JAMES A 4200 COMMUNITY DR #165 WEST PALM BEACH FL 33409 81 City FL 85 WEST PALM BEACH FL 33409 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 WEST PALM BEACH FL 33409 84 City FL 85 WEST PALM BEACH FL 33409 85 863 863 864 City FL 86 Signature registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, issel or posted name of trey feeter agent and to differences agent agent agent agent and to differences agent agent agent and to differences agent ag	Zip	Country		Country	8. This corporation owes or has paid the c	urrent year Intangible
PORTER, JAMES A 4200 COMMUNITY DR #165 WEST PALM BEACH FL 33409 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent and accept the obligations of, Section 607.0505, 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	24 2290			30		
### A 4200 COMMUNITY DR # 165 #### 165 ### 165 ### 165 ### 165 ### 165 ### 165 ### 165 ### 165 ### 165		9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	1 Agent
#165 WEST PALM BEACH FL 33409 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 agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and amiliar with, and accept the chiligations of, Section 607 0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DPS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE DPS JELETE 1.1 ITTLE PRESIDENT PORTER, JAMES A STREET ADDRESS 2888 TENNIS CLUB DR #301 CITY-ST-ZIP WEST PALM BEACH FL 33417 1.4 CITY-ST-ZIP DELETE JELETE JELE	P0	rter, James a		81 Name		
WEST PALM BEACH FL 33409 84 City FL 85 Zip Code 111. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 agent a manufacture. SIGNATURE Signature, tysied or product name of registered agent ag				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
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SIGNATURE Signature, typied or provided name: of registered agent and lateral signature agent and lateral signature required when reinstating) DATE	office or r	registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Such change was : ons of, Section 607,0505. Fl	authorized by the corporati orida Statutes.	ion's board of directors. I hereby accept the ap	pointment as registered
Signature, tysied or protein frame of registeric agent and to it empticable (NOTE Registered Agent signature required when reinstating) DATE] -		,			
TITLE DPS DELETE 1.1 TITLE PRESIDENT DELETE Addition NAME PORTER, JAMES A STREET ADDRESS CHY-ST-ZIP TITLE DPS DELETE 1.1 TITLE DPS DELETE 1.1 TITLE PRESIDENT DPAME PORTER, JAMES A 1.2 NAME PORTER, JAMES A 1.3 STREET ADDRESS 700 W. LANTANA Rd. LANTANA, F. I. 33462 CHARGE ADDRESS C. 33 STREET ADDRESS 700 W. LANTANA RD. STREET ADDRESS 2.4 CITY-ST-ZIP LANTANA, F. I. 33462 TITLE DELETE 3.1 TITLE DELETE ADDRESS C. Grant DELETE ADDRESS DELETE DELETE DELETE ADDRESS LANTANA, F. I. 33462	0.0.1.1.10.12			E. Registered Agent signature require		
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NAME		, -		1.3 STREET ADDRESS 76	O W. LANTANA Rd.	
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STREET ADDRESS 23 STREET ADDRESS 700 W. LANTANA RD.			רו מנרנוג			Change Aboilion
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	1979 TR.					1
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	STREET ADDRESS					
NAME 62 NAME	STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELE T E	5.4 CITY-ST-ZIP 61 TITLE		Change Addition

6.3 STREET ADDRESS

14. I 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 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.