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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S02856 (0)  
1. Corporation Name  
SPORT IT, INC.



Principal Place of Business Mailing Address  
4196 CORPORATE SQUARE 4196 CORPORATE SQUARE  
NAPLES FL 34104 NAPLES FL 34104-4753

3. Date Incorporated or Qualified 09/28/1990 3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 34104 25 Country 28 Zip 29 30 Country  
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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
EASTMAN, RONALD C 81 Name  
4196 CORPORATE SQ 82 Street Address (P.O. Box Number is Not Acceptable)  
NAPLES FL 33942 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, Sections 607.0505, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/18/97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE D ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME EASTMAN, RONALD C 1.2 NAME  
STREET ADDRESS 4196 CORPORATE SQUARE 1.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP  
TITLE D ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME EASTMAN, JULIE M 2.2 NAME  
STREET ADDRESS 4196 CORPORATE SQUARE 2.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 2.4 CITY-ST-ZIP  
TITLE D ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME EASTMAN, JOANNE H. 3.2 NAME  
STREET ADDRESS 4196 CORPORATE SQUARE 3.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 3.4 CITY-ST-ZIP  
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition  
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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 on an attachment with an address.

CR2E034 (9/96)