

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90008 048 ***150.00

DOCUMENT # S02856

1. Corporation Name
SPORT IT, INC.

Principal Place of Business
1660 TRADE CENTER WAY
SUITE 4
NAPLES FL 34109
US

Mailing Address
1660 TRADE CENTER WAY
SUITE 4
NAPLES FL 34109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1990

4. FEI Number

41-1512224

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

10. Name and Address of New Registered Agent

81 Name

Ronald C. Eastman

82 Street Address (P.O. Box Number is Not Acceptable)

6082 18th Avenue SW

83

84 City

Naples

FL

85 Zip Code
34116

EASTMAN, RONALD C
1660 TRADE CENTER WAY
SUITE 4
NAPLES FL 34109

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 *Ronald C. Eastman*

(NOTE: Registered Agent signature required when reinstating)

DATE 4/13/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EASTMAN, RONALD C	
STREET ADDRESS	1660 TRADE CENTER WAY, SUITE 4	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EASTMAN, JULIE M	
STREET ADDRESS	1660 TRADE CENTER WAY, SUITE 4	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EASTMAN, JOANNE H.	
STREET ADDRESS	1660 TRADE CENTER WAY, SUITE 4	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eastman, Ronald C.	address
1.3 STREET ADDRESS	6082 18th Ave. SW	
1.4 CITY-ST-ZIP	Naples, FL 34116	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eastman, Julie M.	address
2.3 STREET ADDRESS	6082 18th Ave. SW	
2.4 CITY-ST-ZIP	Naples, FL 34116	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eastman, Joanne	address
3.3 STREET ADDRESS	6082 18th Ave. SW	
3.4 CITY-ST-ZIP	Naples, FL 34116	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Ronald C. Eastman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99
Date

941-596-0444
Daytime Phone #

CR2E034 (11/98)

0459860