

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S58597** (3)
1. Corporation Name
PROSPORTS USA, INC.



Principal Place of Business
**372 NORTH SPAULDING COVE
HEATHROW FL 32746**

Mailing Address
**372 NORTH SPAULDING COVE
HEATHROW FL 32746**

3. Date Incorporated or Qualified
06/04/1991

3a. Date of Last Report
06/09/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-3071201

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

9. Name and Address of Current Registered Agent

**WHITNEY, LOUIS M.
372 NORT SPAULDING COVE
HEATHROW FL 32746**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PRESIDENT
NAME	WHITNEY, LOUIS M.	1.2 NAME	WHITNEY, LOUIS M.
STREET ADDRESS	372 NORTH SPAULDING COVE	1.3 STREET ADDRESS	372 NORTH SPAULDING COVE
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D	2.1 TITLE	
NAME	WHITNEY, LOUIS M.	2.2 NAME	
STREET ADDRESS	372 NORTH SPAULDING COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	SECRETARY TREASURER
NAME		3.2 NAME	WHITNEY, SKAIDRITE A.
STREET ADDRESS		3.3 STREET ADDRESS	372 NORTH SPAULDING COVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

LOUIS M. WHITNEY 2/28/96 (407) 333-2356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)