

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
STATE
95 FEB - 5 PM 4:40

DOCUMENT # S67829

(9)

200.00
e f

1. Corporation Name

SPORTS TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

452 SE STARFLOWER AVE.
PORT ST. LUCIE FL 34983

452 SE STARFLOWER AVE.
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1991

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0282756

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

2a. Mailing Address

21 1990 SE Federal Hwy.

20 1990 SE Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Stuart, FL

28 Stuart, FL

24 Zip Country
34994 USA

29 Zip Country
34994 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELUCA, JOHN P.
452 SE STARFLOWER AVE.
PORT ST. LUCIE FL 34983

Name

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

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.050
or registered agent, or both, in the State of Flor
familiar with, and accept the obligations of, Sec

med corporation submits this statement for the purpose of changing its registered offic
ation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent

Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DELUCA, JOHN P.
STREET ADDRESS	452 SE STARFLOWER AVE.
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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. 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:

John P. Deluca

1/31/95 (407) 287-0222