

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 # **S67829** (9)

1. Corporation Name

SPORTS TECHNOLOGY, INC.



Principal Place of Business

**1990 SE FEDERAL HWY
STUART FL 34994
US**

Mailing Address

**1990 SE FEDERAL HWY.
STUART FL 34994
US**

3. Date Incorporated or Qualified

07/22/1991

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **1990 SE Federal Hwy**

26 **Same**

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

22 City & State

23 **Stuart, FL**

24 **34994**

25 Country

27 City & State

28 **Stuart, FL**

29 **34994**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOHL, N. DEAN JR.
% KOHL, METZGER, SPOTTS, P.A.
50 SE KINDRED STREET
STUART FL 34994**

11 Name

John P. DeLuca

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

1226 SW Magnolia Bluff Drive

13 City

Palm City

14 State

FL

15 Zip Code

34990

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

John P. DeLuca

(NOTE: Registered Agent Signature required when reinstating)

03.05.96

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE **D** ☐ DELETE
12.2 NAME **DELUCA, JOHN P.**
12.3 STREET ADDRESS **452 SE STARFLOWER AVE.**
12.4 CITY-STATE-ZIP **PORT ST. LUCIE FL**

12.5 TITLE ☐ DELETE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-STATE-ZIP

12.9 TITLE ☐ DELETE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP

12.13 TITLE ☐ DELETE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-STATE-ZIP

12.17 TITLE ☐ DELETE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-STATE-ZIP

12.21 TITLE ☐ DELETE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5.96

287.0222

Date

Daytime Phone #

CR2E034 (12/95)