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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S82175** (8)

1. Corporation Name

RESALE SPORTS, INC.



Principal Place of Business

**13238 N DALE MABRY
TAMPA FL 33618
US**

Mailing Address

**13238 N DALE MABRY
TAMPA FL 33618
US**

3. Date Incorporated or Qualified
09/24/1991

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JANULIS, DANIEL R.
8415 N ARMENIA AV #204
TAMPA FL 33604**

81 Name

DAVID A. GOODWILL

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

14507 N. DIPLOMAT DR.

83

84 City

TAMPA

FL

85

Zip Code

33613

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]

Signature of Registered Agent (Signature required when registering)

5/31/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
JANULIS, DANIEL R.
STREET ADDRESS **8415 N ARMENIA AV 204**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D**
GOODWILL, DAVID A.
STREET ADDRESS **14507 N DIPLOMAT DR.**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **T**
BERRY, RAYMOND
STREET ADDRESS **15925 COUNTRY FARM PL**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/31/96

813-969-0855

Daytime Phone #

CR2E034 (12/95)