FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90094** **(1)**

1. Corporation Name
SPORTS AIR, INC.

Principal Place of Business	Mailing Address
580 N.E. 55TH STREET OCALA FL 32670	580 N.E. 55TH STREET OCALA FL 32670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 112 East Concord Street
22: Suite, Apt. #, etc.
23: City & State: Orlando, Florida
24: Zip: 32801
25: Country: U.S.A.

2a. Mailing Address
26: 112 East Concord Street
27: Suite, Apt. #, etc.
28: City & State: Orlando, Florida
29: Zip: 32801
30: Country: U.S.A.

4. FEI Number: 59-3101325 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEONE, DAVID
10601 SPRING BUCK TRAIL
ORLANDO FL 32825

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	LEONE, DAVID	1.2 NAME		
STREET ADDRESS	580 N.E. 55TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	MAILING ADDRESS N/A	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition	
NAME	MANUCHIA, DOUGLAS C.	2.2 NAME		
STREET ADDRESS	580 N.E. 55TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	MAILING ADDRESS N/A	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition	
NAME	MANUCHIA, DAVID	3.2 NAME		
STREET ADDRESS	580 N.E. 55TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	MAILING ADDRESS N/A	
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
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)(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.

SIGNATURE: _____ David Leone April 15, 1995 407-423-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0353434 CP