

2-28-97 B-2452 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S99096 (7)

1. Corporation Name
SPORTS MERCHANDISING CONCEPTS, INC.



Principal Place of Business:

16E FRANKLIN STR
DANBURY CT 06810
US

Mailing Address:

600 W HILLSBORO BLVD
STE 320
DEERFIELD BCH FL 33441-1809
US

3. Date Incorporated or Qualified

12/09/1991

3a. Date of Last Report

03/20/1996

4. FEI Number

65-0303174

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

21 Florida Clark

Suite, Apt. #, etc.

22 9706 S.E. Hwy 441

City & State

23 Bellview FL

Zip

24 34420

Country

25 U.S.A.

2a. Mailing Address

26 4383 G/ENW 670/LS DR.

Suite, Apt. #, etc.

27

City & State

28 Boynton Beach, FL

Zip

29 33436

Country

30 U.S.

9. Name and Address of Current Registered Agent

WAYNE, DENIS
475 SE 8TH ST #117
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

B1 Name

WAYNE DENIS

B2 Street Address (P.O. Box Number is Not Acceptable)

4383 G/ENW 670/LS DR.

B3

B4 City

Boynton Beach

FL

B5 Zip Code

33436

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 type is of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WAYNE, DENIS
STREET ADDRESS 475 SE 8TH ST #117
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VP ☐ DELETE

NAME ARIZZI, JOHN
STREET ADDRESS 28 FOX HOLLOW RD
CITY-ST-ZIP NEW FAIRFIELD CT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/97 312-7963

CR2E034 (9/96)