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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V22315 (8)

1. Corporation Name:
SPORTOGS, INC.

Principal Place of Business:

Mailing Address:

80 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33991
US

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CAPE CORAL FL 33991
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/19/1992 02/28/1994

4. FEI Number Applied For
65-0327496 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 City & State 28 City & State

24 City & State 25 City & State

26 City & State 27 City & State

28 City & State 29 City & State

29 City & State 30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISABELLA, MIKE A JR
1227 SE 47TH ST
CAPE CORAL FL 33904

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 607.1506, 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 of Agent or person authorized to register agent with the Department

Signature of Registered Agent or person authorized to register agent with the Department

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE D
2. NAME ISABELLA, MIKE SR
3. STREET ADDRESS 4909 SW 5TH PL
4. CITY, ST, ZIP CAPE CORAL FL
5. TITLE DP
6. NAME ISABELLA, MIKE A JR
7. STREET ADDRESS 537 SE 6TH PL
8. CITY, ST, ZIP CAPE CORAL FL
9. TITLE ST
10. NAME ISABELLA, SUZANNE
11. STREET ADDRESS 537 SE 6TH PL
12. CITY, ST, ZIP CAPE CORAL FL
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), 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:

MIKE ISABELLA
MIKE ISABELLA

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (812) 772-1229