FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45821

(8)

SPORTS CHALLENGE INTERNATIONAL, INC.

SPUNIS	CHALLENGE INTERNATION	AL, ING			 				
Principal Place	of Dusieson	Mailing Address							
,		Mailing Address							
4707-140TH AVE SUITE 102	NUE NORTH	1010 HIGH HOUSE ROAD SUITE 105							
CLEARWATER F	L 34622	CARY NC 27513-3576							
		U\$			3. Date Incorporate	ed or Qualified	3a. Date of La		ort
					06/24/1992		04/23/199) 6	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Appli	ed For
21 1010 High House Road					59-3136790				
Suite Apt #, etc. 105		Suite, Apt. #, etc. 27			5. Certificate of Status Desired Fee Required				
Cary, NC		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		Zip Country			8. This corporation has liability for intengible tax under s. 199.032,				
24 2751		29 30			Florida Statutes				
	9. Name and Address of Current	<u> </u>			10. Name and Add	ress of New Reg	istered Agent		
SOK	olowski, robert l		81	Name Ro	hart 1	Sokolo	wek!		
4707-140TH AVENUE NORTH			82	Street Addr	DELT L.	is Not Acceptable	0/2V,		
	E 102		52	RAY!	ess (P.O. Box Number	ane No	₽₽₽		
	ARWATER FL 34622		83						
OLL	WINNIEW I CAMEE		<u> </u>					70.0.	
			84	CitySen	ninole		FL 85	348	946
11. Pursuant t	o the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above	e-named coro	ioration submits this sti	atement for the pu	rpose of chang	ing its r	egistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida, Such change was at	uthorized by	the corporati	ion's board of directors	s. I hereby accept	t the appointme	nt as re	gistered
-	m tamilar with, and accept the obligati	ons or, section bur.0000, Fior	iua Statute:	5.					
SIGNATURE:	Signature, typed or punted name of registered agent	and tine if applicable (NOTE	: Registered Acu	ant signature require	ed when reinstating)	· . · .	DATE		
12.	OFFICERS AND		13,		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIREC	TORS	IN 12
1/JLF	PT	DELETE	1.1 TITLE				☐ Ch	ange	Addition
NAME	SEYMOUR, RICHARD D.		1.2 NAME						
STREET ADDRESS	1010 HIGH HOUSE ROAD, SUIT	F 105	1.3 STREET	ADDRESS					
CiTY+SI+7iP	CARY NC 27513		1.4 CiTY-ST-ZIP						į.
11TLE	VPS	DELETE	2.1 TITLE	,, EN			Chi	ange	Addition
NAME	SOKOLOWSKI, ROBERT L		2.2 NAME						
STREET ADDRESS	8341 144TH LANE NORTH		23 STREET ADDRESS						
1	SEMINOLE FL 34646		2 4 CITY-ST-ZIP						
CITY \$1-70°	OCHINIOLE I E 04040	DELETE	31 TITLE				Ch:	ange	Addition
NAME			32 NAME						···
STREET ADDRESS			3.3 STREET	ADDRESS					
1			34. CITY-	- E					ŀ
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-211			☐ Ch	ange	Addition
NAME		Pro	4.2 NAME					- '	·
STREET ADDRESS			4.3 STREE	1					
			4.4 CITY-5						
CiTY+S1+ZIP TiTLE		☐ DELETE	5.1 TITLE	71 611			Ch	ange	Addition
NAME			5.2 NAME					-	
				T ADDRESS					
STREET ADURESS			5.4 CITY - 1						
CHTY - ST - ZIP		DELETE	6.1 TITLE	31-21			Ch	ange	Addition
TITLE		J. Dicere	6.2 NAME				•	- '	'
NAME DEDGGE ADDOGGO				r annocce					
STREET ADDRESS		Λ <i>-</i>		T ADDRESS					
CITY - ST - ZIP	ay corriby that the information purposition	with this filing does not qualify	6.4 City-:	amption stated	1 in Section 119 07/37). Flosida Statutes	. I further certify	that th	e
informatio	by certify that the information supplied in indicated on this annual report or su	pplemental a mual report is tr	ue and acc	urate and that	t my signature shall ha	ve the same legal	effect as if mad	le unde	r oath; that
Information indicated on this annual report or supplymentary intuit report is true and accurate and that my signature sharing the same legal effect as it made under older, that I am an officer or director of the corporation or the resolver of trustee empowered to execute this report as required by Chapter 607, Figrida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an appear of the same and that my name appears in Block 12 or Block 13 if chapted, or on a patternment with an address.									
21/1/1									
SIGNATURE: 25/10/11									
5.5.17.1	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR		/	Dale	Daytime Pt	ione #	