

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAR 21 PM 4:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # V50877 (2)**1. Corporation Name
FIFTY SPORTS, INC.

Principal Place of Business

**603 MAIN ST
WINDERMERE FL 34786
US**

Mailing Address

**603 MAIN STREET
WINDERMERE FL 34786
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3137805

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$0.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DIZNEY, DONALD R.
603 MAIN STREET
WINDERMERE FL 34786**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ENGLISH, JAMES E.
STREET ADDRESS	603 MAIN STREET
CITY-ST-ZIP	WINDERMERE FL
TITLE	DCS
NAME	DIZNEY, DONALD R.
STREET ADDRESS	603 MAIN STREET
CITY-ST-ZIP	WINDERMERE FL
TITLE	V
NAME	BARKMAN, KEVIN
STREET ADDRESS	603 MAIN ST
CITY-ST-ZIP	WINDERMERE FL
TITLE	T
NAME	NARUSHKA, ALEX
STREET ADDRESS	603 MAIN ST
CITY-ST-ZIP	WINDERMERE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	34786
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34786
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34786
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34786
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 110.07(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 AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #