

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 12 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64133

(4)

SPORTACULARS, INC.

205 GREEN LAKE CIRCLE
LONGWOOD FL 32779

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LONGWOOD FL 32779

3. Date of Incorporation
09/14/1992

3a. Date of Last Report
05/01/1994

4. Identification Number
59-3142811

Applied For
Fair Apportionment

5. Certificate of Good Standing

\$8.75 Additional
Fee Required

6. Has been Chartered, Organized
Trust, Trust Company, or

\$5.00 May Be
Added to Fees

8. This corporation has not been
judicially dissolved or its
rights have been forfeited.

2. Principal Office Location

21. State Agent

26. Mailing Address

26. State Agent

22. City

27. City

23. County

28. County

24. State

29. State

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREISE, NATA J.
310 LONESOME PINE DRIVE
LONGWOOD FL 32779

81. Name

82. Street Address, P.O. Box Number, City, State, Zip

83. City

84. State

FL 85. Zip Code

11. I, the undersigned, being a resident qualified person, do hereby certify that I am the duly authorized signatory for the corporation in executing this statement of incorporation, and that the facts stated in this statement are true and correct.

12. I, the undersigned, being a resident qualified person, do hereby certify that I am the duly authorized signatory for the corporation in executing this statement of incorporation, and that the facts stated in this statement are true and correct.

13. I, the undersigned, being a resident qualified person, do hereby certify that I am the duly authorized signatory for the corporation in executing this statement of incorporation, and that the facts stated in this statement are true and correct.

D
TREISE, NATA J.
310 LONESOME PINE DRIVE
LONGWOOD FL

D
GRIMMETT, LINDA K.
205 GREEN LAKE CIRCLE
LONGWOOD FL

1. Name

2. Street Address

3. City

4. State

5. Zip Code

6. Name

7. Street Address

8. City

9. State

10. Zip Code

11. Name

12. Street Address

13. City

14. State

15. Zip Code

16. Name

17. Street Address

18. City

19. State

20. Zip Code

14. I, the undersigned, being a resident qualified person, do hereby certify that I am the duly authorized signatory for the corporation in executing this statement of incorporation, and that the facts stated in this statement are true and correct.

SIGNATURE:

Nata J. Treise

NATA J. TREISE

S-14-95 (407) 886-3368

SIGNATURE AND TYPED OR PRINTED NAME ON SIGNING OFFICE OR DIRECTOR