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03-17-1999 90083 043 ****61.25

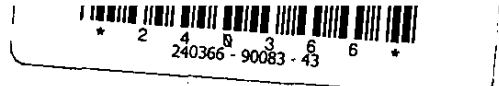
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853424

1. Corporation Name
THE ATHLETIC INSTITUTE, INC.

Principal Place of Business % JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. N. PALM BCH FL 33408	Mailing Address % JOHN D. RIDDLE, PRESIDENT 200 CASTLEWOOD DR. N. PALM BCH FL 33408
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/12/1982
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-0753530
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RIDDLE, JOHN D. 200 CASTLEWOOD DR. N. PALM BCH FL 33408		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHTEL, BARNEY	1.2 NAME	Doug Kelly
STREET ADDRESS	LEE STREET	1.3 STREET ADDRESS	15 HUDSON PARK DR.
CITY-ST-ZIP	ALEXANDER CITY AL 35010	1.4 CITY-ST-ZIP	Hudson, NH 03051
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, JOHN D.	2.2 NAME	
STREET ADDRESS	200 CASTLEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, RALPH	3.2 NAME	
STREET ADDRESS	425 MEADOW STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICOPEE MA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMODY, TOM	4.2 NAME	Helen Rockey
STREET ADDRESS	100 TECHNOLOGY CENTER	4.3 STREET ADDRESS	11720 Nth. Creek P.Kwy.
CITY-ST-ZIP	STOUGHTON MA	4.4 CITY-ST-ZIP	Bothell, WA 98011-8223
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGE, GREG	5.2 NAME	
STREET ADDRESS	2500 SOUTH 25TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMMONS, JULIE	6.2 NAME	
STREET ADDRESS	1200 E. UNION	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD IL	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/8/99 DAYTIME PHONE # _____

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Athletic Institute Board of Directors 1998-1999

Chairman

Greg Hege, President
Porter Athletic Equipment Company
2500 South 25th Avenue
Boradview, IL 60153-9006
Phone: 708/338-2000 Fax: 708/338-2060

Vice Chairman

Doug Kelly, Pres. Sports Licensing
Fruit of the Loom
15 Hudson Park Drive
Hudson NH 03051
Ph: 603-886-1285 Ext.3090 FAX: 603-886-9296

Secty/Treasurer

Ralph Carlson
Spalding Corporation
425 Meadow Street
Chicopee, MA 01013
Phone: 413/539-2014 Fax: 413/539-2052

Immediate Past Chairman

Julie Nimmons, President
Schutt Sports Group
1200 East Union - P.O. Box 426
Litchfield, IL 62056-0426
Phone: 217/324-2712 Fax: 217/324-2855

SAPC

Steve Furniss, President
Tyr Sport Inc.
15391 Springdale Avenue
Huntington Beach CA 92649 800 252 7878
714-897-0799 FAX: 714-373-0903

TIA

Charles L. Peifer, CEO
Prince
One Sport System Plaza
Bordentown, NJ 08505
Phone: 609/291-5722 Fax: 609/291-5790

AFA

Helen Rockey, President
Brooks Sports
11720 North Creek Parkway No.
Bothell, WA 98011-8223
Phone: 425/489-2455 Fax: 425/483-8181