

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000001717 (6)

1. Corporation Name

SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED



Principal Place of Business: 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696
Mailing Address: 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696

3. Date Incorporated or Qualified: 04/10/1995
3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		36-0753520	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ARMSTRONG, ROBERT
200 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408-5696

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 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, JOHN	1.2 NAME	
STREET ADDRESS	200 CASTLEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	D
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFAN, MARIA	2.2 NAME	Ralph Carlson
STREET ADDRESS	200 CASTLEWOOD DR.	2.3 STREET ADDRESS	425 Meadow Street
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	Chicopee MA 01003
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGE, GREG	3.2 NAME	
STREET ADDRESS	2500 S. 25TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW IL 60153	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, KENNETH	4.2 NAME	
STREET ADDRESS	140 WOODBINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERGENFIELD NJ 07621	4.4 CITY-ST-ZIP	D
TITLE	DC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACEY, JACK	5.2 NAME	Tom Carmody
STREET ADDRESS	425 MEADOW ST.	5.3 STREET ADDRESS	100 Technology Center
CITY-ST-ZIP	CHICOPEE MA 01021	5.4 CITY-ST-ZIP	Stoughton MA 02072
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMMONS, JULIE	6.2 NAME	
STREET ADDRESS	1200 E. UNION AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD IL 62056	6.4 CITY-ST-ZIP	C

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 119.07(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 617, 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 SIGNING OFFICER OR DIRECTOR

2/22/96

407 840 1100

Date

Daytime Phone #

CR2E037 (12/95)