

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001717 (6)
T. 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
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3. Date Incorporated or Qualified
04/10/1995

4. FEI Number
36-0753520

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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

TITLE	P <input type="checkbox"/> DELETE
NAME	RIDDLE, JOHN
STREET ADDRESS	200 CASTLEWOOD DR.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	ST <input type="checkbox"/> DELETE
NAME	CARLSON, RALPH
STREET ADDRESS	425 MEADOW ST
CITY-ST-ZIP	CHICOPEE MA
TITLE	C <input type="checkbox"/> DELETE
NAME	HEGE, GREG
STREET ADDRESS	2500 S. 25TH AVE.
CITY-ST-ZIP	BROADVIEW IL
TITLE	VC <input type="checkbox"/> DELETE
NAME	WATCHEL, BARNEY
STREET ADDRESS	LEE STREET
CITY-ST-ZIP	ALEXANDER CITY AL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARMODY, TOM
STREET ADDRESS	100 TECHNOLOGY CENTER
CITY-ST-ZIP	STOUGHTON MA
TITLE	C <input type="checkbox"/> DELETE
NAME	NIMMONS, JULIE
STREET ADDRESS	1200 E. UNION AVENUE
CITY-ST-ZIP	LITCHFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles Peifer
5.3 STREET ADDRESS	One Sport System Plaza
5.4 CITY-ST-ZIP	Bordentown NJ 08505
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 of an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 45/98 601 840 1100

CR2E037 (10/97)