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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000039553 (8)

1. Corporation Name
RUNNING SPORTS, INC.



Principal Place of Business: ~~944 OAK HARBOUR DR JUNO BEACH FL 33408~~ 813 DONALD ROSS ROAD JUNO BCH, FL 33408
Mailing Address: ~~944 OAK HARBOUR DR JUNO BEACH FL 33408-2178~~ SAME AS

3. Date Incorporated or Qualified: 05/08/1996
3a. Date of Last Report: N/A
4. FEI Number: 65-0672409
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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: 813 DONALD ROSS ROAD
21. Suite, Apt. #, etc.:
22. City & State: JUNO BEACH FL
23. Zip: 33408
24. Country: FLORIDA
2a. Mailing Address: SAME AS
27. City & State:
28. Zip:
29. Country:

9. Name and Address of Current Registered Agent: ROSILLO, ROBERT A, 501 SEA OATS DR A-1, JUNO BEACH FL 33408
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable), 83., 84. City, 85. Zip Code: FL

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	D	<input type="checkbox"/> DELETE
NAME	FETSCH, VINCENT T	
STREET ADDRESS	944 OAK HARBOUR DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAUGEL, MICHAEL	
STREET ADDRESS	8030 154TH CT N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1925 19TH COURT
1.4 CITY-ST-ZIP	JUPITER FL 33477
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten signatures]

CR2E034 (9/96)