

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 341947 (0)
1. Corporation Name
BALL & SHOE SPORTS CENTER, INC.



Principal Place of Business 4223 S TAMiami TR SARASOTA FL 34231	Mailing Address 4223 S TAMiami TR SARASOTA FL 34231-3627
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1969		3a. Date of Last Report 05/01/1996	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1278185		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RUTH, DAVID F. 350 HERON'S RUN DR #504 SARASOTA FL				10. Name and Address of New Registered Agent 81 Name RUTH, DAVID F. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5412 BENEVA WOODS CIRCLE 84 City SARASOTA FL 85 Zip Code 34233			
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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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	FREEMAN, THELMA S		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	359 BAILEY ROAD		1.2 NAME		
CITY-ST-ZIP	VENICE, FL 00000		1.3 STREET ADDRESS		
TITLE	PD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	FREEMAN, JOHN A		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	359 BAILEY ROAD		2.2 NAME	VD	
CITY-ST-ZIP	VENICE, FL 00000		2.3 STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	RUTH, DAVID F.		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	350 HERON'S RUN DR. #504		3.2 NAME	PD	
CITY-ST-ZIP	SARASOTA FL		3.3 STREET ADDRESS		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	NOSTIN, JOSEPH A.		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	615 SUGARWOOD DR.		4.2 NAME		
CITY-ST-ZIP	VENICE FL		4.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	SERBIN, STEVEN J.		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6401 31ST ST. S. #410		5.2 NAME		
CITY-ST-ZIP	ST. PETERSBURG FL		5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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 is based 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0423291

CR2E034 (9/96)