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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 422849

GRIP-RITE SPORT SUPPLIES, INC.

(0)

FILED May 02 1997 8:00am Secretary of State



		LA 100 A 110					ALMIT MÉMÉS SIMIT MEDIT A	
•	ce of Business	•	Mailing Address					
526 NE 42ND COURT FT. LAUDERDALE FL 33334		526 NE 42ND COURT FT. LAUDERDALE FL 33334-3114						
IS		US	US .			Date Incorporated or Qualified 04/05/1973	3a. Date of Las 05/01/199	
Principal (Place of Business	2a. Mailing Ad	dress	•		4. FEI Number 59-1455572		Applied For
Suite, Apt	# etc	26 Suite, Apt.	# etc	-		38 143301E	\$9.7	Not Applicat 5 Additional
		27				5. Certificate of Status Desired		Required
City & Star	ite	City & State	Ð			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zφ	Country	Zip		Country	,	8. This corporation has liability for in	ntangible tax unde	r s. 199.032,
	25	29	30				Yos No	
	9. Name and Address of Cu	irrent Registered Ageni	<u> </u>	-	·	10. Name and Address of New Reg	listered Agent	
	LFAND, MARK			81	Name			
	87 N.W. 94TH TERR INRISE FL 33351			82	Street Add	lress (P.O. Box Number is Not Acceptabl	e)	***************************************
00	THIOL I L GOOT			83	····			·····
				B4	City		FL 85 2	ip Code
	70 - 200	0000 1007 4500 Cl-				poration submits this statement for the patients board of directors. I hereby accep	wasan at abassis	a ita rapiatar
GNATURE	TURNE NO	V / 777 / 1. NV / 1						
	Signature typed or printed name of registare				ent signature requ	Med when remetating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	ORS IN 12
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I do nereby certify that the mormation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trystee engrowered 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 a plattachment with practices.

SIGNATURE: