

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **539412** (7)
1. Corporation Name
ATHLETIC ATTIC PROPERTIES, INC.



Principal Place of Business: **18 NW 33RD COURT PO BOX 14503 GAINESVILLE FL 32604**
Mailing Address: **18 NW 33RD COURT PO BOX 14503 GAINESVILLE FL 32604**

3. Date Incorporated or Qualified: **07/15/1977**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2906615**
Applied For: Not Applicable
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
29
30

9. Name and Address of Current Registered Agent: **THOMPSON, JACK B 1418 NW 47TH TERR GAINESVILLE, FL 32605**
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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIQUORI, MARTIN W	1.2 NAME	
STREET ADDRESS	6020 NW 32ND ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACKOW, GERALD	2.2 NAME	
STREET ADDRESS	112 NW 33RD COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNES, JAMES	3.2 NAME	
STREET ADDRESS	1330 NW SIXTH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JACK B	4.2 NAME	
STREET ADDRESS	1418 NW 47TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *By Jack Thompson - Exec Vice President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (12/95)