## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	1997	DIVISION OF	CORPOR	RATIONS		٦.		
	MENT # 631678 OKS SPORTING GOODS, IN		L HETEKE BILDA BILDA HIBA HIBA HIBA HIBA BILAN BILAN BILAN BILAN BILAN BILAN BILAN BILAN BILAN					
Dring and Shape	o at Dunisons	Lieutine Address						1
Principal Place of Business  107 FISHERMAN'S WHARF FORT PIERCE FL 34950-9139		Mailing Address 107 FISHERMAN'S WHARF FORT PIERCE FL 34950-9139					••	
allinguary and the same and the					3. Date incorporated or Qualified 07/13/1979	3a. Date of 02/29/1		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-1920401		Applied I Not Appl	
Suite Apt.	#, etc.	Suite, Apt #, etc.		· <del>····································</del>	5. Certificate of Status Desired		3.75 Additio	onal
City & State	0	City & State	<u></u>	·	6. Election Campaign Financing		Fee Required	
23		28			Trust Fund Contribution		5.00 May E Added to Fee:	
Zip	Country	Zip	C	ilry	8. This corporation has liability for			032,
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No		
KEN	NEY, SCOTT M.			Name			<u> </u>	
515	S. INDIAN RIVER DRIVE			2 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
FOR	T PIERCE FL 33450			a chook Addin	Oct (1.0. Dox 14th bot 15 140t 7 to Dopper	<del></del>	<u></u>	
				3				
				34 City		FL 85	Zip Code	
11. Pyrsuant t	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the	ove-named corp	oration submits this statement for the p	ourpose of char	nging its regis	stered
office or fo agent. La	to the provisions of Sactions 607.0502 egistered agent, or both, in the State i im familiar with, and accept the obliga	of Florida, Such change was itions of, Section 607.0505, I	s authoria Florida S	by the corporati	on's board of directors. I hereby acce	ot the appointn	ient as registe	ered
SIGNATURE	and the second s			·				
12.	Stgnature, typed or punted name of registered ager  OFFICERS AND		DTE: Registe	Agent signature require	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIR	ECTORS IN 1	12
TITLE	P	☐ DELETE	1.1	LE	<u> </u>		Change D	Addition
NAM:	MIDDLEBROOKS, GLENN		1.2	ME				
STREET ADDRESS	3474 S PINES DR FT. PIERCE FL		1.3	REET ADDRESS				
CHY-SL-ZIP TULE	ST	DELETE	2.1	Y-ST-21P LE			Change D	Addition
NAME	DEBOLT, DWIGHT		22	ł ł		, ——	•	
STREET ADDRESS	122 QUEEN ANN CT		2.3	REET ADDRESS				
City-St-7iP	FT. PIERCE FL	T printer	2.4	ITY-ST-ZIP				4.00
TITLE NAME		☐ DELETE	3.1	LE ME			Change [ A	Addition
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP			34	TY-ST-ZIP				
TITLE		☐ DELETE	4.1	LE			Change 🔲 🗸	Addition
NAME Carrenamento			1	AME				
STREET ADDRESS CITY - ST - ZIP			9.3 3 4.4 (	REET ADDRESS (Y-St-Zip				
11116		DELETE		ILE			Change [] A	Addition
NAME			5.21	ME				
STREET ADDRESS				REET ADDRESS				
CHY-ST-ZIP TITLE		DELETE		CITY-ST-ZIP			Change []/	Addition
NAME		► P PECCIE	•	NAME		יים	/ليسا ≥nango	rsuottiUli
STREET ADDRESS				STREET ADDRESS				
City - \$1 - 7IP			6.4 (	CITY-ST-ZIP				
14. I do heret informatio	by certify that the information supplied on indicated on this agrual report or si	with this filing does not qua applemental annual report is	alify for the	exemption stated accurate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further cert	ify that the	ath; that
Lam an o appears i	fficer or director of the corporation or in Brack 12 or Block 15 if changed, o	the receiver or trustee important an attachment with an	owered to ddress.	execute this repor	in Section 119.07(3)(i), Florida Statute my signature shall have the same legs tas required by Chapter 607, Florida s	Statutes; and th	at my name	106

**FILED** 

Apr 09 1997 8:00am

Secretary of State