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Jan 28 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 # **F26422**

(8)

1. Corporation Name
OUTDOOR OUTFITTERS, INC.



Principal Place of Business

**355 W. OAKLAND PK. BLVD.
FORT LAUDERDALE FL 33311-1709**

Mailing Address

**2965 W ST RD 84
FT LAUDERDALE FL 33312-4823
US**

3. Date Incorporated or Qualified
03/23/1981

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 **2965 W. ST. RD. 84**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **FT. LAUDERDALE, FL**

Zip

24 **33312-4823**

Country

25 **US**

City & State

28

Zip

29

Country

30

4. FEI Number

59-2101658

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



9. Name and Address of Current Registered Agent

**IRVINE JR., GEORGE M.
2965 W. STATE ROAD
#84
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *George M. Irvine Jr.*
Signature typed or printed name of registered agent and title if applicable

Chairman

(NOTE: Registered Agent signature required when reinstating)

1-22-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **IRVINE, GEORGE M JR.**
STREET ADDRESS **2965 W.STATE RD.#84**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **IRVINE, JOAN M**
STREET ADDRESS **2965 W STATE RD 84**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V** ☐ DELETE
NAME **COLLER, SCOT M**
STREET ADDRESS **2965 W STATE RD 84**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Scot M. Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOT M. COLLIER

1-15-97

Date

954-587-8400

Daytime Phone #

CR2E034 (9/96)