

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 26 AM 8:59

DOCUMENT # F67969 (8)

1. Corporation Name
SPORTS ACCESSORIES AMERICA, INC.

Principal Place of Business Mailing Address
4835 IRIS 4935 IRIS
WHEAT RIDGE CO 80033 WHEAT RIDGE CO 80033

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/22/1982	03/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2203466	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

AARONOFF, SOL
4572 WHITE CEDAR LANE
DEL RAY BEACH FL 33445

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBERT, PHILLIP A.	1.2 NAME	
STREET ADDRESS	4935 IRIS	1.3 STREET ADDRESS	
CITY - ST - ZIP	WHEAT RIDGE CO	1.4 CITY - ST - ZIP	
TITLE	CEO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARONOFF, JAY	2.2 NAME	AARONOFF, JAY
STREET ADDRESS	23253 BOCA CLUB COLONY	2.3 STREET ADDRESS	4572 WHITE CEDAR LANE
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	DEL RAY BEACH - FL
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARONOFF, SOL	3.2 NAME	
STREET ADDRESS	4572 WHITE CEDAR LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEL RAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, JOHN	4.2 NAME	
STREET ADDRESS	4835 IRIS	4.3 STREET ADDRESS	
CITY - ST - ZIP	WHEAT RIDGE CO	4.4 CITY - ST - ZIP	
TITLE		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		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 furnished 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 biennial 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 registered or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 (with check box) or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 6.9.95
Signature typed or printed name of signing officer or director

CR2E034 (3/95)