Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90214 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005824

1. Corporation Name

PORTER ATHLETIC EQUIPMENT COMPANY

								4 (1861) (186 1) (1861)
Principal Place of Business Mailing Address						* *	MM:#1 M(14) (8)10	1 11314 9191 1991
2500 S. 25TH AVENUE 2500 S. 25TH AVENUE BROADVIEW IL 60153 BROADVIEW IL 60153			,			DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed 12/22/1993		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	pplied For
21 26						36-2605497		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				ي سامع د ما يوا ايمود		5. Certificate of Status Desired		Additional equired · · ·
City & State	9	City & State	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	_ ·			8. This corporation owes the current year Intangible		
24 25 29			30			Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
CORPORATION CERUICE COMPANY				81	Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET				82	Street Add	iss (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32301		ŀ	83				
	•			84	City	FL 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		CHOTE: 6	noistanel A		t executive consi	red when reinstating) OATE		<u> </u>
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	-tgent	sagnature redui	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D OFFICERS AI	DELETE				7.00177077070707070707070707070707070707	Change	Addition
NAME	PORTER, MICHAEL S		1.2 NAME		1		_ •	
1			4		ADDRESS			. 1
STREET ADDRESS	m de a ma METAL AL							ļ
CITY-ST-ZIP TITLE	D D	☐ DELETE	1.4 CITY-		DS	S	K Change	Addition
	THIES, DAVID C		2.2 NAME			hies, David C.		_
NAME	2500 S. 25TH AVENUE				4	500 S. 25th Avenue		1
STREET ADDRESS	BROADVIEW IL					roadview, <u>IL 60153</u>		ļ
CITY-ST-ZIP			2. 4 CfT 3.1 TITL		1-21° L	TOAGVIEW, ID 00133	Change	* Addition
			3.2 NAM					_
NAME			Ł		ADDDECC			ļ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	3.4. CITY-ST-ZIP 4.1 TITLE CD		`		Addition
TITLEE			4.1 IIILE 4. 2 NAME		1	avis, Ivan W. Jr.		_
NAME	DAVIS, IVAN W JR 2500 S 25TH AVENUE					500 S. 25th Avenue		ļ
STREET ADDRESS			1					
CITY-ST-ZIP	RUADVIEW IL 60 100		_	4.4 CITY-ST-ZIP Br		roadview, IL 60153	Change	Addition
TITLE	-		5.2 NAN			• •	~ ·	
NAME	SCHROEDER, ED				ADDRESS	•		Ì
STREET ADDRESS	2500 S. 25TH AVENUE		5.4 CIT					
CITY-ST-ZIP	DITO/ID VICTOR		6.1 TITL		D'	<u>т</u>		Addition
TITLE	• • •					eck, II Frank D.	- January	
NAME	KECK, II FRANK D					500 S. 25th Avenue		
STREET ADDRESS	2500 \$ 25TH AVENUE		0.3 \$15	,CE	MUNESO 2 :	Joo D. ZJon Avenue		

14. I 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 therefore 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

6.4 CITY-ST-ZIP

Broadview, IL 60153

CITY-ST-ZIP

BROADVIEW IL 60153

Daytime Phone #