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FILED

May 21 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 # F94000000503 (2)

1. Corporation Name
SPORT SUPPLY GROUP, INC.



Principal Place of Business

1901 DIPLOMAT
FARMERS BRANCH TX 75234

Mailing Address

1901 DIPLOMAT
FARMERS BRANCH TX 75234-8914

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

75-2241783

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BLUMENFELD, MICHAEL J	
STREET ADDRESS	1901 DIPLOMAT	
CITY - ST - ZIP	FARMERS BRANCH TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLUMENFELD, PETER S	
STREET ADDRESS	1901 DIPLOMAT	
CITY - ST - ZIP	FARMERS BRANCH TX	
TITLE	VTSD	<input checked="" type="checkbox"/> DELETE
NAME	ESTILL, WILLIAM R	
STREET ADDRESS	1901 DIPLOMAT	
CITY - ST - ZIP	FARMERS BRANCH TX	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SANFORD EDKIN	
STREET ADDRESS	1901 DIPLOMAT	
CITY - ST - ZIP	FARMERS BRANCH TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BABILLA, TERRENCE M	
STREET ADDRESS	1901 DIPLOMAT	
CITY - ST - ZIP	FARMERS BRANCH TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO AND CHAIRMAN OF THE BOARD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	GEOFFREY P. JURICK		
1.3 STREET ADDRESS	1901 DIPLOMAT		
1.4 CITY - ST - ZIP	FARMERS BRANCH, TX 75234		
2.1 TITLE	CFO AND EXECUTIVE VICE PRES.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN P. WALKER		
2.3 STREET ADDRESS	1901 DIPLOMAT		
2.4 CITY - ST - ZIP	FARMERS BRANCH, TX 75234		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE:

Michael J. Blumenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 1997

Date

(972) 484-9484

Daytime Phone #

CR2E034 (9/96)