
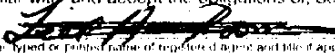
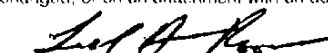


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H19203 (9) 1. Corporation Name NAPLES SPORTING GOODS, INC.					
Principal Place of Business 779 5TH AVENUE SOUTH NAPLES FL 33940			Mailing Address 779 5TH AVENUE SOUTH NAPLES FL 33940		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2449599	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PROFFITT, JOHN M. 880 FIRST AVE. NORTH NAPLES FL 33940			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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  (NOTE: Registered Agent signature required when reinstating) DATE 2-13-98					
12. OFFICERS AND DIRECTORS					
TITLE		NAME		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS		CITY-ST-ZIP		1.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		1.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		1.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		2.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		2.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		2.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		3.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		3.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		3.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		4.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		4.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		5.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		5.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		5.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		6.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		6.4 CITY-ST-ZIP	
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 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:  DATE: 2-13-98					



DO NOT WRITE IN THIS SPACE

CP2E034 (10/97)