


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0009/134

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

98 OCT 20 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M94623** (9)
1. Corporation Name
ATHLETIC ATTIC MARKETING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % JACK THOMPSON 18 N.W. 33RD COURT GAINESVILLE FL 32607-2553	Mailing Address % JACK THOMPSON 18 N.W. 33RD COURT GAINESVILLE FL 32607-2553
---	---

3. Date Incorporated or Qualified
08/17/1988

2. Principal Place of Business 21 5114 S. DORT HWY. Suite, Apt. #, etc. 22 City & State 23 FLINT, MI Zip 24 48504 Country 25 US	2a. Mailing Address 26 5114 S. DORT HWY. Suite, Apt. #, etc. 27 City & State 28 FLINT, MI 48504 Zip 29 48504 Country 30 US
---	--

4. FEI Number
59-1752915 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent THOMPSON, JACK 18 N.W. 33RD COURT GAINESVILLE FL 32604	81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1000 S. Pine Island Rd. 83 84 City Plantation FL 85 Zip Code 33324
--	---

10. Name and Address of New Registered Agent
--

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 **CT Corporation System** (NOTE: Registered Agent signature required when reinstating) DATE **9/25/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIQUORI, MARTIN W. 2915 NW 58TH BLVD GAINESVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARNES, JIMMY 2719 N.W. 24TH WAY GAINESVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHACKOW, GERALD D. 8716 N.W. 6TH PLACE GAINESVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C Bond, Alex 2250 Highland Ave., South #6 Birmingham, AL 35205
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Antip, Hansol 8046 RANCH ESTATES CLACKSTON, MI 48348
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST. Belsky, Andrew 2240 Hidden Lake West Bloomfield, MI 48324
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002670486--0 -10/22/98-01089-012
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ***1100.00 ***550.00
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9/25/98 10-21-98

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: **SIGNATURE REQUIRED** 9/25/98 810-444-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)