

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **M94628**

(8)

1. Corporation Name  
**ATHLETIC ATTIC RETAIL COMPANY**

FILED  
98 OCT 20 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 <b>08/17/1988</b>	
4. FEI Number <b>59-2906612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>THOMPSON, JACK</b> <b>18 N.W. 33RD COURT</b> <b>GAINESVILLE FL 32604</b>	
81 Name <b>CT Corporation System</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd.</b>
83	84 City <b>Plantation</b>
85 Zip Code <b>33324</b>	86 State <b>FL</b>

10. Name and Address of New Registered Agent	
81 Name <b>CT Corporation System</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd.</b>
83	84 City <b>Plantation</b>
85 Zip Code <b>33324</b>	86 State <b>FL</b>

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**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP LIQUORI, MARTIN W. 2915 NW 58 BLVD GAINESVILLE FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>C Bond, Alex 2250 Highland Ave., South #6 Birmingham, AL 35205</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CARNES, JIMMY 2719 N.W. 24TH WAY GAINESVILLE FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Artis, Hansel 8046 Ranch Estates Clarksburg, MT. 48348</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST SCHACKOW, GERALD D. 8716 N.W. 6TH PLACE GAINESVILLE FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>ST Belsky, Andrew 2240 Hidden Lake West Bloomfield, MI. 48324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>800002670488-4 -10/22/98-01089-012 ***1100.00*** Change <input type="checkbox"/> Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>10-21-98</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/98 810-444-9111  
Date Daytime Phone #

CR2E034 (5/98)