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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

SPORTS MERCHANDISING COMPANY SPORT LAKE IA 51380		1996	חרפטט	(0)	THE CONTRACTOR CHIEF CONTRACTOR AND AND AND A CONTRACTOR OF THE CONTRACTOR CO				
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PO BOX 442 SPRINT LAKE IA 51300 PRINT LAKE IA 51300 3. Date incorporated or Oxelfed 03/15/1985 10/30/1995 Principal flame of Elements 2a. Malling Activess 2b. Subto Apt #, otic 2c. Walling Activess 2c. Walling Activess 2c. Walling Activess 2c. Subto Apt #, otic 2c. Walling Activess 2c. Walling Activess 2c. Country 2	rvaoal Place o	of Business	 N	failing Address					
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Pursual Face of Revenue	SPIRIT LAKE	IA 51360		SPIRIT LAKE IA 5136	0				
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TO COUNTY DE THE CONTROL NO STATEM 12	City & State		28	City & State		, , ,			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 62 Sheet Address (P.O. Box Number is Not Acceptable) 63 Sheet Address (P.O. Box Number is Not Acceptable) 64 City FL 85 Zip Code 65 City FL 85 Zip Code 66 City FL 85 Zip Code 67 City FL 85 Zip Code 68 City FL 85 Zip Code 69 Zip Code 60	Zip	Count		Zip	—-¬	8. This corporation has liability for i			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 68				stered Agent	[30]			enl	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 B3 B4 City FL B5 Zip Code					81 Name				
PLANTATION FL 33324 B3					82 Street Ad	dress (P.O. Box Number is Not Acceptab	vle)		
Pursional to the provisions of Science 607,0502 and 607,1508, Floods Statutes, this above named concention submits this statement for the purpose of changing its registered or registered signer, or both, in the Statu of Honds Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. If the purpose of changing its r			U		63				
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 furth certify that the information incloated 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 the information incloated in the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nan	OF TOURISHER OF TABLE	d agent or both, in the and accept the oblig profession species professional from the BEDELL, THOMA HIGHWAY 71 & SPIRIT LAKE IA S HENEKE, THOM HIGHWAY 71 & SPIRIT LAKE IA	e State of Florida Sur affors of, Section 607 of representation and the OFFICE RS AND DIRE AS 9	The change was authority. 0505, Florida Statutes CHOPES DELETE DELETE DELETE DELETE DELETE	PROBLEM STREET ADDRESS 1 1 111 E 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 TILE 42 NAME 4.3 STREET ADDRESS 44 CHY-ST-ZIP 5 1 TILE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 6 1 TILE 62 NAME 63 STREET ADDRESS 54 CHY-ST-ZIP 6 1 TILE 62 NAME 63 STREET ADDRESS 54 CHY-ST-ZIP 6 1 TILE 62 NAME 63 STREET ADDRESS 54 CHY-ST-ZIP 6 1 TILE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP	and of directors. I hereby accept the appearance who will state a constant of a consta	DÁTE ICERS AND D	Change Change Change Change	Addition Addition Addition Addition