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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90114 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07075

1. Corporation Name
PANTOPS SPORTING GOODS, INC.

Principal Place of Business	Mailing Address
1450 S. DIXIE HWY BOCA RATON FL 33432	1450 S. DIXIE HWY BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1985

4. FEI Number
54-1117601

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 14 S. SWINTON AVE	26 14 S. SWINTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 DELRAY BEACH, FL	28 DELRAY BEACH, FL
Zip Country	Zip Country
24 33444 25 USA	29 33444 30 USA

9. Name and Address of Current Registered Agent

SMITHER, ROBERT M., JR.
% WORRELL ENTERPRISES, INC.
1450 SOUTH DIXIE HWY.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
14 S. SWINTON AVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33444

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORRELL, THOMAS E., JR.	1.2 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	1.3 STREET ADDRESS	14 S. SWINTON AVE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORRELL, ODETTE A.	2.2 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	2.3 STREET ADDRESS	14 S. SWINTON AVE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHER, ROBERT M., JR.	3.2 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	3.3 STREET ADDRESS	14 S. SWINTON AVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREAKLEY, EDWIN M.	4.2 NAME	
STREET ADDRESS	200 CARTER'S GROVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNCHBURG VA 24503	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODYEAR, KIM	5.2 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	5.3 STREET ADDRESS	14 S. SWINTON AVE
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTZER, WILLIAM R	6.2 NAME	
STREET ADDRESS	1450 S. DIXIE HWY	6.3 STREET ADDRESS	14 S. SWINTON AVE
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444

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, with all other like empowered.

SIGNATURE:

WILLIAM R. WINTZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(561) 243-2400

Daytime Phone #

CR2E034 (11/98)