

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 14 AM 8:46**

**DOCUMENT # P10817 (5)**

1. Corporation Name  
**OUTDOOR SPORTS HEADQUARTERS, INC.**

Principal Place of Business Mailing Address  
**967 WATERTOWER LANE DAYTON OH 45449-2463 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified **07/17/1986** 3a. Date of Last Report **04/04/1994**  
4. FEI Number **31-0672785** 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RICHARDS, GEORGE R.  
100 S.E. 2ND STREET  
36TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (inked or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGNOLO, ROGER E.	1.2 NAME	
STREET ADDRESS	967 WATERTOWER LN #1327	1.2 STREET ADDRESS	
CITY ST ZIP	DAYTON OH	1.4 CITY ST ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, MARTIN S.	2.2 NAME	
STREET ADDRESS	967 WATERTOWER LN #1327	2.3 STREET ADDRESS	
CITY ST ZIP	DAYTON OH	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFFMAN, MILTON	3.2 NAME	
STREET ADDRESS	967 WATERTOWER LN #1327	3.3 STREET ADDRESS	
CITY ST ZIP	DAYTON OH	3.4 CITY ST ZIP	
TITLE	TV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, ROBERT B	4.2 NAME	
STREET ADDRESS	967 WATERTOWER LN #1327	4.3 STREET ADDRESS	
CITY ST ZIP	DAYTON OH	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 in an attachment with an address.

SIGNATURE: *Robert B. Barnard* ROBERT B. BARNARD 06/08/95 (513)865-5855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)

CR2E034 (3/95)