FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P16769 (2)

1. Corporation Name
SMITTY SPORTS, INC.

Principal Place of Business	Mailing Address
4126 HYLAN BLVD. STATEN ISLAND NY 10306	4126 HYLAN BLVD. STATEN ISLAND NY 10306

3. Date Incorporated or Qualified: 11/10/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 | Suite, Apt. #, etc.: 22 | City & State: 23 | Zip: 24 | Country: 25
2a. Mailing Address: 26 | Suite, Apt. #, etc.: 27 | City & State: 28 | Zip: 29 | Country: 30

4. FEI Number: 13-2591441 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, ALFRED R.
6424 SE 35TH STREET
CAPE CORAL FL 33904

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SMITH, ALFRED T.	
STREET ADDRESS	812 SAN CARLOS BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	☐ DELETE
NAME	SMITH, DONALD	
STREET ADDRESS	10 NANCIA CT.	
CITY-ST-ZIP	FALLSINGTON PA	
TITLE	V	☐ DELETE
NAME	SMITH, ALFRED R.	
STREET ADDRESS	6424 SE 35TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	☐ DELETE
NAME	SMITH, RICHARD E.	
STREET ADDRESS	6620 HYLAN BLVD.	
CITY-ST-ZIP	STATEN ISLAND NY	
TITLE	D	☐ DELETE
NAME	SMITH, ELIZABETH	
STREET ADDRESS	812 SAN CARLOS BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(3)(k), 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: Richard Smith RICHARD SMITH 4/29/96 7189842648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #