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Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 10308	4126 HYLAN BLVD. STATEN ISLAND NY 10308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1987

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, ALFRED R.
~~6424 SE 35TH STREET~~
~~CAPE CORAL FL 33904~~ ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name: ALFRED R SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 11525 So. CLEVELAND AV STE 5
83
84 City: FT. MYERS FL 85 Zip Code: 33907

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ALFRED T.		1.2 NAME		
STREET ADDRESS	812 SAN CARLOS BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, DONALD		2.2 NAME		
STREET ADDRESS	~~10 NANCIA CT.~~		2.3 STREET ADDRESS	50 ELM LA	
CITY-ST-ZIP	~~FALLSINGTON PA~~		2.4 CITY-ST-ZIP	LEVITTOWN PA.	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, ALFRED R.		3.2 NAME		
STREET ADDRESS	~~6424 SE 35TH ST.~~		3.3 STREET ADDRESS	11525 SO. CLEVELAND AV	
CITY-ST-ZIP	~~CAPE CORAL FL~~		3.4 CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, RICHARD E.		4.2 NAME		
STREET ADDRESS	~~6820 HYLAN BLVD.~~		4.3 STREET ADDRESS	301 MAYBURY AVE	
CITY-ST-ZIP	~~STATEN ISLAND NY~~		4.4 CITY-ST-ZIP	STATEN ISLAND NY	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ELIZABETH		5.2 NAME		
STREET ADDRESS	812 SAN CARLOS BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

Alfred Smith ALFRED SMITH 6/6/98 7189942648