

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031952 (1)

1. Corporation Name

HAROLD SPORTS COCONUT GROVE COMPANY



Principal Place of Business

Mailing Address

THE ATHLETE'S FOOT
8505 MILLS DRIVE, #H141
MIAMI FL 33183

THE ATHLETE'S FOOT
8505 MILLS DRIVE, #H141
MIAMI FL 33183

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FCI Number

65-0190554

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

10. Name and Address of New Registered Agent

WELLMAN, REGINALD
THE ATHLETE'S FOOT
8505 MILLS DRIVE, #H141
MIAMI FL 33183

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 607.1506, 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 the corporation

(NOTE: Registered Agent signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY- ST- ZIP
WELLMAN, REGINALD
6940 NW 186 ST #416
MIAMI, FL - President

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP
WELLMAN, ALING
6940 NW 186 ST #416
MIAMI, FL - Treasurer

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP
Change Addition

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 in 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 registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

CR2E034 (3/96)