

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000032239 (2)

1. Corporation Name  
THE SPORTS AUTHORITY FLORIDA, INC.

Principal Place of Business  
3383 NORTH STATE ROAD 7  
FT. LAUDERDALE FL 33319

Mailing Address  
3383 NORTH STATE ROAD 7  
FT. LAUDERDALE FL 33319-5617



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1995		3a. Date of Last Report 03/27/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0577945		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LYNCH, RICHARD J 3383 NORTH STATE ROAD 7 FT. LAUDERDALE FL 33319				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACK A	1.2 NAME	Jack A Smith
STREET ADDRESS	3383 NORTH STATE ROAD 7	1.3 STREET ADDRESS	4000 Island Blvd, #1102
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	Williams Island 33160
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SVP/Treasurer and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, RICHARD J JR	2.2 NAME	Lynch, Richard J. Jr.
STREET ADDRESS	3383 NORTH STATE ROAD 7	2.3 STREET ADDRESS	600 NW 9th Court
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	2.4 CITY-ST-ZIP	Boca Raton FL 33486
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	VP & Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUDELE, ANTHONY F	3.2 NAME	Anthony F. Crudele
STREET ADDRESS	3383 NORTH STATE ROAD 7	3.3 STREET ADDRESS	2405 Riverside Terrace
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	3.4 CITY-ST-ZIP	FL 33312
TITLE	ASST <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CLAWSON, EVA L	4.2 NAME	
STREET ADDRESS	3383 NORTH STATE ROAD 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 changing on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 (954) 735-1701

CR2E034 (9/96)