## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000048329 (3) DOCUMENT # 1. Corporation Name

JERRY LESLIE'S SPORTING GOODS, INC. Principal Place of Business Mailing Address



| 8766 GARDENS EAST DR.<br>PALM BEACH GARDENS FL 33410 |                                                                                                              |                                                      | 9766 GARDENS EAST DR.<br>PALM BEACH GARDENS FL 33410 |                                                           |                                |                                                   | Ta <sub>2</sub> S <sub>2</sub> : | of Lost Doord                     |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|--------------------------------|---------------------------------------------------|----------------------------------|-----------------------------------|
|                                                      |                                                                                                              |                                                      |                                                      |                                                           |                                | 3. Date Incorporated or Qualified 06/21/1995      |                                  | 3a. Date of Last Report           |
| 2. Principal Plac                                    | ce of Business                                                                                               | 2a. Mailing Add                                      | 2a. Mailing Address                                  |                                                           |                                | Number                                            |                                  | Applied For                       |
| 21                                                   |                                                                                                              | 26                                                   | 26                                                   |                                                           |                                | 5-058917                                          | 6                                | Not Applicable                    |
| Suite, Apt. #, etc.                                  |                                                                                                              | Suite, Apt. 1                                        | Suite, Apt. #, etc.                                  |                                                           |                                | tificate of Status Desired                        |                                  | \$8.75 Additional<br>Fee Required |
| City & State                                         |                                                                                                              | City & State                                         | City & State                                         |                                                           |                                | ction Can paign Financing<br>st Fund Contribution |                                  | \$5.00 May Be<br>Added to Fees    |
| Zφ                                                   | Country                                                                                                      | Zφ                                                   | C                                                    | ountry                                                    | (                              | s corporation has liability for                   |                                  | ax under s. 199 032.              |
| 24                                                   | 25                                                                                                           | 29                                                   | 30                                                   |                                                           |                                | •                                                 | s 🗌 No                           |                                   |
|                                                      | 9. Name and Address of Cu                                                                                    | rrent Registered Agent                               | ·                                                    | 041 61-                                                   |                                | me and Address of New                             | Hegisterea                       | Agent                             |
|                                                      |                                                                                                              |                                                      |                                                      | 81 Nan                                                    | TEROME                         | LESLIE                                            |                                  |                                   |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD             |                                                                                                              |                                                      |                                                      | TRYL Street Address in .U. Dux Numbril is Ind. Nogopiano) |                                |                                                   |                                  |                                   |
| 343 ALM                                              |                                                                                                              | 83                                                   | 3681 0                                               | AHHAD RO.                                                 |                                |                                                   |                                  |                                   |
| CORAL (                                              | GABLES FL 33134                                                                                              |                                                      |                                                      | 63                                                        |                                |                                                   |                                  |                                   |
|                                                      |                                                                                                              |                                                      |                                                      | 84 City                                                   | PAIN BEAC                      | H GARBEITS                                        | FL                               |                                   |
| 11. Pursuant to                                      | o the provisions of Sections 607.                                                                            | 0502 and 607 1508, Flori                             | da Statutes, the a                                   |                                                           |                                |                                                   | irpose of ch                     | anging its registered office      |
| or registere                                         | o the provisions of Sections 607.0<br>ed agent, or both, in the State of<br>h, and accept the obligations of | Florida, Such change wa<br>Section 607 0606, Florida | s authorzed by th<br>a Statules                      | e corporatio                                              | on's board of direct           | iors. I hereby accept the ap                      | pointment a:                     | s registered agent. I am          |
| familiar witi                                        | n, and accept the obligations of                                                                             | Section 607:0303, Florida                            | o Otalines.                                          |                                                           |                                | 4.00                                              | 4                                | 24/96                             |
| SIGNATURE:                                           | JEROME LESTIE<br>Signature, typical or poster range of register to                                           | agent and Storif accordance                          | iÑ JE Registe                                        | mail A part of                                            | fune necessity which restall I |                                                   | DATE                             |                                   |
| 12.                                                  | OFFICERS                                                                                                     | AND DIRECTORS                                        | 1                                                    | 3.                                                        | AD                             | DITIONS/CHANGES TO OF                             |                                  |                                   |
| TRLE                                                 | PSTD                                                                                                         | ☐ D <del>f</del>                                     | KETE 1                                               | 1 THICE                                                   |                                |                                                   |                                  | Change Addition                   |
| NAME                                                 | LESLIE, JEROME                                                                                               |                                                      | 1.:                                                  | 2 NAME                                                    |                                |                                                   |                                  |                                   |
| STREET ADDRESS                                       | 9766 GARDENS EAST D                                                                                          | R.                                                   | 1                                                    | 3 STREET ADORE                                            | ESS                            |                                                   |                                  |                                   |
| CITY-ST ZIP                                          | PALM BEACH GARDENS                                                                                           |                                                      |                                                      | 4 City - \$1 - 216                                        |                                |                                                   |                                  | Charles Cl Add on                 |
| T-TLE                                                |                                                                                                              | [ 0                                                  |                                                      | 1 THE                                                     |                                |                                                   |                                  | Change Addition                   |
| NAME                                                 |                                                                                                              |                                                      |                                                      | 2 NAME                                                    |                                |                                                   |                                  |                                   |
| STREET ADDRESS                                       |                                                                                                              |                                                      |                                                      | 3 STREET ADDRE                                            |                                |                                                   |                                  |                                   |
| CITY ST-ZIP                                          |                                                                                                              |                                                      |                                                      | 4 City - St - ZiP                                         |                                |                                                   |                                  | Change Addition                   |
| TITLE                                                |                                                                                                              | D                                                    |                                                      | 1 1111.6                                                  |                                |                                                   |                                  |                                   |
| NAME                                                 |                                                                                                              |                                                      |                                                      | 2 NAME                                                    |                                |                                                   |                                  |                                   |
| STREET ADDRESS                                       |                                                                                                              |                                                      | L.                                                   | 3 STREET ADDR                                             |                                |                                                   |                                  |                                   |
| CITY-ST-ZIP                                          |                                                                                                              |                                                      |                                                      | 4 CITY - ST - ZIP<br>- 1 TIT, E                           |                                |                                                   |                                  | Change Addition                   |
| THILE                                                |                                                                                                              | ( ) ti                                               | 1                                                    | 2 NAME                                                    |                                |                                                   |                                  |                                   |
| NAME                                                 |                                                                                                              |                                                      |                                                      | i z Nawt<br>I 3 STREET ADORI                              | 35 S                           |                                                   |                                  |                                   |
| STREET ADDRESS                                       |                                                                                                              |                                                      | -                                                    | 13 STREET ADUR<br>14 CHY-ST-ZIP                           | i i                            |                                                   |                                  |                                   |
| CITY-ST ZIP                                          |                                                                                                              | Πп                                                   |                                                      | 1 1 1 1 1 E                                               |                                |                                                   |                                  | Change Addition                   |
| TITLE                                                |                                                                                                              |                                                      |                                                      | 2 NAME                                                    |                                |                                                   |                                  |                                   |
| NAME<br>CIRCLI ADDOCCO                               |                                                                                                              |                                                      |                                                      | 3 STREET ADDR                                             | aess                           |                                                   |                                  |                                   |
| STREET ADORESS                                       |                                                                                                              |                                                      |                                                      | 5 4 City - \$1 - ZiF                                      |                                |                                                   |                                  |                                   |
| CITY+S1-ZIP<br>TITLE                                 |                                                                                                              | П                                                    |                                                      | 1 TITLE                                                   |                                |                                                   |                                  | Change Addition                   |
|                                                      |                                                                                                              |                                                      |                                                      | 5 2 NAME                                                  |                                |                                                   |                                  |                                   |
| NAME                                                 |                                                                                                              |                                                      |                                                      | 3 STREET ADDA                                             | RESS                           |                                                   |                                  |                                   |
| STREET ADDRESS                                       |                                                                                                              |                                                      | <b>■</b>                                             | 5 4 CITY - S1 - ZIP                                       |                                |                                                   |                                  |                                   |
| CITY - ST - ZIP                                      | y certify that the information sup                                                                           |                                                      |                                                      |                                                           |                                | protion etated in Section 1                       | 9 07/3/k) F                      | torida Statutes I further         |

Tue hereby coming that the information supplied with this bring is voluntarily turnshed and does not quarry for the exception is add in section 1.19 O/GAR, more statutes interfered certify that the information indicated on this annual report is supplied reports true and accurate and that his signature shall have the same legal effect as if made undor only that I am an officer or director of the corporation or the receiver or frustee encountered to execute this report as guirred 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: JERGAR LESI'S PRAS JOUT

4/24/96 407-627-0663