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

PROFIT CORPORATION ANNUAL REPORT 1997

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067990 (7)

FANATICS SPORTING GOODS, INC.

·						
Principal Place of Business		Mailing Address		I IMBILADI (IM JULIA BILI) BALLI BALLI ABEL		
8965 S.W. 59TH COURT COOPER CITY FL 83328		8965 S.W. 597H COURT COOPER CITY FL 33328-5176				
	· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Ac		2a. Mailing Address	ddress		4. FEI Number	Applied For
21		26		65-0694585		
	Suite, Apt. #, etc. Suite, Apt.		#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		City & State				
		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7ip Country		······································	This corporation has liability for	
24	25	29	30	,		Yes No
==1	9. Name and Address of Current		[00]		10. Name and Address of New Re	
SKF	RLD, INC.	**************************************	81	Name		
	ALHAMBRA CIRCLE		82	Street Ade	dress (P.O. Box Number is Not Acceptate	nle)
	TE 1102				2005 (1:0. 50% 110/150) 15 110/1600 (20%)	
CO	ral gables fl		83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the abov	l re-named cor	poration submits this statement for the p	ourpose of changing its registered
office or a	registered agent, or both, in the State or Im familiar with, and accept the obliga	if Florida. Such change was a	authorized b	y the corpora	ation's board of directors. I hereby accep	pt the appointment as registered
	in tening with and accept the ounge	JOHS OI, GEORGII GO7 10303, 1 16	anda otatutu	a.		İ
SIGNATURE	Signature, typed or printed name of registered agen		E Registered Ag	ent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE 1,11				Change Addition
NAME			1.2 NAME			
STREET ADDRESS 8965 S.W. 59TH COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33328	Finere	1.4 C(1 Y - 5	\$1 - Z(P		Change Idd Change
TITLE	VO ALAN ODAIO	DELETE 2.1 Tri				Change Addition
NAME STATES ABOUTOD			2.2 NAME	1 1000000		
STREET ADDRESS	COCHER CITY DI COCC			T ADDRESS		
CITY-\$T-ZIP TMLE	TD	DELETE 33328 2.4€		S1-ZIP		Change Addition
NAME	10		3.2 NAME			
STREET ADDRESS	8965 S.W. 59TH COURT			T ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		3.4. C(1)			
TITLE	8D	DELETÉ	4.1 THILE	01 211		Change Addition
NAME	DELLANDO, MARIA PHYLLIS		4. 2 NAME			-
STREET ADDRESS			4.3 STREET	1 ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		4.4 City-5	\$T-7IP		
TITLE			5.1 TITLE	1-		
NAME			5.2 NAME			
STREET ADDRESS			5.3 \$1REE1	T ADDRESS		
CITY-\$T-ZIP			5.4 CITY-5	\$1- <i>2</i> (P		
TITLE	1	DELETE	617/116			Change Addition

6.2 NAME

14. Ido 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.

FILED

Apr 21 1997 8:00am

Secretary of State