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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

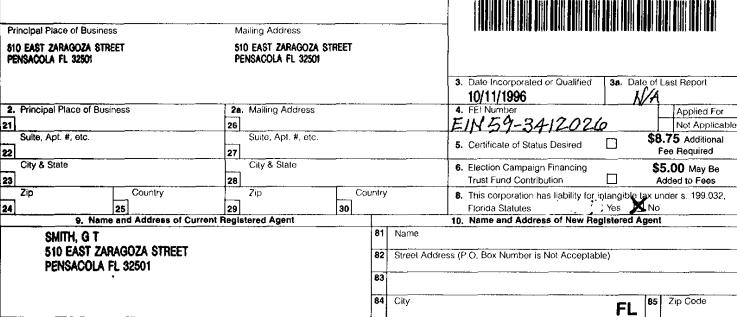
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084857 (7)

ISLAND SPORTS SHOP, INC.

Principal Place of Business Mailing Address **510 EAST ZARAGOZA STREET** 510 EAST ZARAGOZA STREET

FILED Jan 29 1997 8:00am Secretary of State



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

agent. I a	egistered agent, or both, in the State of Florida, Sucr m familiar with, and accept the obligations of, Section	n 607.0505, Flori	da Statutes.	mon's board or directors. Thereby accept the a	рровшиент аз	registereu
SIGNATURE	Signature, lyped or profiled name of registered agent and little if applicable	le (NOTE I	Registered Agent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	D	DELFTE	1.1 TITLE		☐ Change	Addition
NAME	KEMP, ALLYN D		1.2 NAME			
STREET ADDRESS	6710 WEST JACKSON ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2 1 10 LF		Change	Addition
NAME .	KEMP, EMMA L		22 NAME			
STREET ADDRESS	6710 WEST JACKSON ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change	Addition
NAME :			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY, CT. 7ID			6.4.CITV. \$1, 7IP			

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 changed, or on an attachment with an address

SIGNABILL

Ulun D. Kruff son 21.1996 904/50188