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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700033059

SPORTSMANS VILLAGE, INC.

Principal	Place	of i	Busines:	9

Mailing Address

2800 S RURAL ROAD

2800 S RURAL ROAD

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90119 049 ***150.00



TEMPE AZ 85282 TEMPE AZ 85282				DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualifed			
					04/11/1997			
2. Principal P	cipal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For	
21 26		26			58-2312916		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & Stat		City & State	والمستعدد والمستعدد		≤6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zíp	. Country	Zip	Country 8. This corporation owes the current year to			tangible	_	
24	25	29 3	30	Personal Property Tax.				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		
.			81	Name	•		(
	LLIO, RALPH C		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	s monroe street							
	E 400		83)				
TALL	AHASSEE FL 32301		84	City		85 Zip (Code	
			Ì	}	Fl	_		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abov	e-named corp	oration submits this statement for the purpose o	f changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the appo	untment as re	gisterea	
•	in talling with and doopt the congr			•				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ager	nt signature require	d when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TILE			Change	Addition	
NAME,	GERST, MARTIN		1.2 NAME	ĺ				
STREET ADDRESS	2800 S RURAL ROAD		1.3 STREE	FADDRESS				
CITY-ST-ZIP	TEMPE AZ 85282		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	EDSON, BRAD		2.2 NAME					
STREET ADDRESS	2800 S RURAL ROAD		2.3 STREE	FADORESS				
CITY-ST-ZIP	TEMPE AZ 85282		2. 4 CITY-S	T-ZIP			1	
TITLE		☐ DELETE	3.1 TITLE	25		Change	Addition	
NAME			3.2 NAME	{			ĺ	
STREET ADDRESS			3.3 STREE	ADDRESS .				
CITY-ST-ZIP	<i>P</i> 1		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME	•		4.2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S				•	
TITLE		☐ DELETE	5.1 TITLE	· 		Change	Addition	
NAME			5.2 NAME	1		-		
STREET ADDRESS.	1		5.3 STREE	TADDRESS				
			5.4 CITY-S	- 1			ĺ	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME	•		6.2 NAME	1		~ **		
	l		6.3 STREE	TADORESS				
SIREEI ADDRESS	表的智慧是 ac 200000		6.4 OTT					

14. I 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 opportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppl officer or director of the objectation or Block 12 or Block 13 if changed, or on hment with an address, with all other like empowered.

SIGNATURE:

602-731904