IND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90124 021 ***300.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095847
Corporation Name
LONGBROOK SPORTING GOODS CORP.

Principal Place of Business	Mailing Address
0 ENTERPRISE PARKWAY T MYERS FL 33905	5770 ENTERPRISE PARKWAY FORT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

Principal Place of Business	26	2a. Mailing Address	
5884 ENTERPRISE PKWY.		5884 ENTERPRISE PKWY.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
	27		
City & State	28	City & State	
Ft. MYERS - FL		Ft. MYERS - FL	
Zip / Country	25	Zip / Country	29 / 30
33905 / USA		33905 / USA	

3. Date Incorporated or Qualified: 11/10/1997
4. FEI Number: 65-0794778 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation owes the current year* Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINNEBALD, JEANNIE ~~9662-21 HALYARDS CT~~ FT MYERS FL ~~33919~~ 11340 COMPASS PT. DR. FT. MYERS, FL 33908	81 Name 82 *Street Address (P.O. Box Number is Not Acceptable)* 83 84 City **FL** 85 Zip Code

1. 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.

IGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE / AME / REET ADDRESS / TY-ST-ZIP	PSD LANGENBACH, KLAUS BACHSTRASSE 14 59530 LIPPSTADT GERMANY FL 33905 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	VS WINNEBALD, JEANNIE D 9662-21 HALYARDS COURT FT MYERS FL 33919 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 11340 COMPASS PT DR. FT. MYERS, FL 33908
TLE / AME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

4. *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 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.*

SIGNATURE: SIGNATURE REQUIRED 6-30-99 941-694-5325