FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13820 (3)

1. Corporation Name
ARABIAN FINISH LINE, INC.

Principal Place of Business
P.O. BOX 3679
APPLE VALLEY CA 92307-0072

Mailing Address
P.O. BOX 3679
APPLE VALLEY CA 92307-0072

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1990
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 9809 NORTHWEST 60TH AVE.
Suite, Apt. #, etc. 22
City & State 23 OCALA, FL
Zip 24 34482 Country 25 MARION

2a. Mailing Address
26 9809 NORTHWEST 60TH AVE.
Suite, Apt. #, etc. 27
City & State 28 OCALA, FL
Zip 29 34482 Country 30 MARION

4. FEI Number: 59-3046183 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
VAN HOOSE, ROBERT W
7901 NW 136TH COURT
OCALA FL 32675

10. Name and Address of New Registered Agent
81 Name: JACK STREETER
82 Street Address (P.O. Box Number is Not Acceptable): 9809 NORTHWEST 60TH AVE.
83
84 City: OCALA, FL 85 Zip Code: 34482

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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.

SIGNATURE X Jack R Streeter JACK R. STREETER X 4-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	STREETER, JACK R	1.2 NAME	STREETER, JACK R.
STREET ADDRESS	22332 POPPY ROAD	1.3 STREET ADDRESS	9809 NORTHWEST 60TH AVE.
CITY-ST-ZIP	APPLE VALLEY CA 92308	1.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition
NAME	STREETER, JEAN C	2.2 NAME	STREETER, JEAN C.
STREET ADDRESS	22332 POPPY ROAD	2.3 STREET ADDRESS	9809 NORTHWEST 60TH AVE.
CITY-ST-ZIP	APPLE VALLEY CA 92308	2.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Jack R Streeter JACK R. STREETER X 4/15/95 X 904-620-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

046877 PN