

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S13820 (3)

1. Corporation Name
ARABIAN FINISH LINE, INC.

Principal Place of Business 9809 NORTHWEST 60TH AVE OCALA FL 34482 US	Mailing Address 9809 NORTHWEST 60TH AVE OCALA FL 34482-1234 US
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2. Principal Place of Business 21 RT 1 BOX 623 Suite, Apt. #, etc.		2a. Mailing Address 26 15151 NW 162 TER Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/20/1990		3a. Date of Last Report 04/15/1996	
22 City & State 23 Micanopy, FL Zip 24 32667 Country 25 US		27 City & State 28 Williston, FL Zip 29 32696 Country 30 US		4. FEI Number 59-3046183		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent STREETER, JACK 9809 NORTHWEST 60TH AVE OCALA FL 34482		10. Name and Address of New Registered Agent 81 Name Bobbi PATSCHNEIDER 82 Street Address (P.O. Box Number is Not Acceptable) 15151 NW 162 TER 83 84 City Williston FL 85 Zip Code 32696					

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 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 Bobbi Pat Schneider Bobbi PATSCHNEIDER 4/29/97
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD STREETER, JACK R 9809 NORTHWEST 60TH AVE OCALA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREAS D BOBBI PATSCHNEIDER 15151 NW 162 TER WILLISTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STREETER, JEAN C 9809 NORTHWEST 60TH AVE OCALA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD DONALD PATSCHNEIDER 15151 NW 162 TER WILLISTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOBBI PATSCHNEIDER 15151 NW 162 TER WILLISTON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D LOUISE COURTELIS RT 1 BOX 624 MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON PATSCHNEIDER 15151 NW 162 TER WILLISTON FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: Bobbi Pat Schneider Bobbi PATSCHNEIDER 4/29/97 591-0571

CR2E034 (9/96)