


5-6-97 B-6454 N/C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V51349 (1)</b> 1. Corporation Name <b>MIKE'S PRO SHOP, INC.</b>					
Principal Place of Business <b>2955 MEADOW OAK DR. N. CLEARWATER FL 34621 US</b>			Mailing Address <b>2955 MEADOW OAK DR. N. CLEARWATER FL 34621-3338 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/16/1992</b> 3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-3138734</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>NELSON, MICHAEL D. 2955 MEADOW OAK DR. N. CLEARWATER FL 34621</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		
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 Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 CITY - ST - ZIP 2.6 CITY - ST - ZIP 2.7 CITY - ST - ZIP 2.8 CITY - ST - ZIP 2.9 CITY - ST - ZIP 2.10 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:

*Holly Nelson*

4-29-97 813-576-8533 X33

CR2E034 (9/96)