SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:01

DOCUMENT # **J23221** **(1)**

1. Corporation Name
FLORIDA SPORTS PARK, INC.

Principal Place of Business	Mailing Address
P.O. BOX 990010 NAPLES FL 33999-0090	P.O. BOX 990010 NAPLES FL 33999-0090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/09/1986	07/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / Country 29 / 30

4. FEI Number **65-0166594** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GENE VACCARO 4750 ISLES OF CAPRI RD. NAPLES FL 33961	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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] GENE VACCARO 6/19/95
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JIM HAIRE 4205-11TH AVE. S.W. NAPLES FL 33999	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition V JIM HAIRE 4205-11TH AVE. S.W. NAPLES, FL 33999
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PETE BEACH 1320 DELMAR LANE NAPLES FL 33942	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition V RICK COPERTON 3827 ARNOLD AVE. NAPLES, FL 33942
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JUDY KELLER 3620 TAMIAMI TRAIL N. NAPLES FL 33940-3724	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition P JUDY KELLER 3620 TAMIAMI TRAIL N. NAPLES, FL 33940-3724
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATRICIA PAVLICH 515 HARBOUR DRIVE NAPLES FL 33940	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition S NO CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS G. CANNON, 4827 TAHITI LANE NAPLES FL 33962	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☑ Change ☐ Addition T TOM CONNOLLY 995 SECOND AVE. N. NAPLES, FL 33940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 added on an attachment with an address.

SIGNATURE: [signature] TOM CONNOLLY 6/19/95 (813) 774-2701
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163474 FP