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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(1)

FLORIDA SPORTS PARK, INC.

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Pra	ic c	lsc	Place	2.0	of I	Вι	JS	ines	S

Mailing Address

P.O. BOX 990010

P.O. BOX 990010



	33999-6060		NAPLES FL 33999-6	5060								
							. Date Incorporate 07/09/198	_	3a. Date o	6/23/19	_'_	
2. Principa' Plac	ce of Business	2	a. Mailing Address			4	, FEI Number				Applied For	
Suite, Apt. #,	ISLE OF CAPRI	TD. 26		10			65-0186	<u>594</u>			Not Applicable	
Suite, Apt. #,	eig.	27	<u> </u>			5	. Certificate of Stat	tus Desired			Additional Required	
NAPLES, FL		28	City & State 28 NACLS, FL			6					.00 May Be ded to Fees	
Zip	Country		Zip	Co	ountry	8	. This corporation		ntangible tax			
3396	1 25 COL+1			D 30 C	COLLIGI	Z . 1	Florida Statutes		□No		, , , , , , , , , , , , , , , , , , , ,	
	9, Name and Address	of Current Reg	istered Agent				Name and Add	ress of New R	egistered A	ent		
					81 Name	:						
	ACCARO				82 Street	Address (F	P.O. Box Number is	Not Acceptab	le)			
4750 ISLES OF CAPRI RD. BOX 9					83							
NAPLES	FL 33961	NAPLES,	FL 33999-6	060	03							
		•			84 City				FI	85 Zir	Code	
11. Pursuant to	the provisions of Sections	607.0502 and 6	07.1508. Florida Statu	ites, the ab	ove-named o	corporation	submits this statem	ent for the nur	none of oben	ning its r	egistered office	
or registered	d agent, or both, in the Sta , and accept the obligation	lle of Florida. Su	ch change was authori	ized by the	corporation's	s board of c	directors. I hereby a	scept the appo	pose of chargo pintment as re	gistered	agent. I am	
	, and accept the obligation	is or, section 60	7.0505, Florida Statute					2	111/2	6		
BIGNATURE s.	gn Lite bygg or printed name of reg	gistered agent and title	if a; ipicable (N	₽ IOTE: Registera	od Agont signature	required when	reinstating)		/16/9			
2.	OFFI	CERS AND DIRE	CTORS	13.			ADDITIONS/CHA	NGES TO OFFI	CERS AND D	RECTO	RS IN 12	
			·				1.551					
	٧		☐ DELETE		TITLE		1.0000000000000000000000000000000000000			Change	☐ Addition	
IAME	V JIM HAIRE		☐ DELETE								☐ Addition	
NAME STREET ADORESS	4205-11TH AVE. S.	W.	☐ DELETE	1.3 5	TITLE NAME STREET ADDRESS						Addition	
NAME STREET ADORESS CITY-ST-ZIP	4205-11TH AVE. S. NAPLES FL	W .	_	12 M 1.3 S 1.4 C	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\ /				Change		
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NAME STREET ADDRESS DITY-ST-ZIP UTLE VAME STREET ADDRESS LIY-ST-ZIP	4205-11TH AVE. S. NAPLES FL V PETE BEACH 1320 DELMAR LAN NAPLES FL P		DELETE	12 M 13 S 14 C 2.1 22 M 23 S 24 C 3 1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V TRICH 3827 NAPI	L CAPERTO	אל	₽	Change		
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cathy, that I am an officer or direction of the command report or supplemental armost 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 from an attachment with an address.

SIGNATURE: