

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1998 8:00am
 Secretary of State

001484

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|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N22782 (9)
 1. Corporation Name

FLORIDA SPORTS WRITERS ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| %PAUL C. DAVIS ONE HARBOUR PLACE, S-500 TAMPA FL 33602 | %PAUL C. DAVIS ONE HARBOUR PLACE, S-500 TAMPA FL 33602 |

| | |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 10/01/1987 |
| 4. FEI Number | 59-1424500 |
| Applied For | Not Applicable |

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

| | | |
|---|---|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners' association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

DAVIS, PAUL C
 ONE HARBOUR PLACE, S-500
 TAMPA FL 33602

10. Name and Address of New Registered Agent

| | |
|---|----|
| 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 617.0502 and 617.1508, 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 617.0503, 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

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DOOLEY, PAT | |
| STREET ADDRESS | 2700 SW 13TH ST., | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | BINETTE, WILFRID | |
| STREET ADDRESS | 650 6TH STREET, S.W. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GRABARCZYK, DOUG | |
| STREET ADDRESS | 1 RIVERSIDE AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | THOMAS, BOB | |
| STREET ADDRESS | 1 RIVERSIDE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | BIANCHI, MIKE | |
| STREET ADDRESS | 1 RIVERSIDE AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MIKE BIANCHI | |
| 1.3 STREET ADDRESS | 1 RIVERSIDE AVE | |
| 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32231 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | THOMAS, BOB | |
| 4.3 STREET ADDRESS | 1 RIVERSIDE AVE | |
| 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32231 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Bianchi 9-14-98 (904) 359-4292
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #