

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49630 (9)**

1. Corporation Name
SJC BOXING CLUB, INC.



Principal Place of Business: **3947 SEMINOLE AVE. FT. MYERS FL 33916**
Mailing Address: **3947 SEMINOLE AVE. FT. MYERS FL 33916**

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **1723 Hought St**
2a. Mailing Address: **1723 Hought St**
21. Suite, Apt. #, etc.:
22. City & State: **FT MYERS, FLORIDA**
23. City & State: **FT MYERS, FLORIDA**
24. Zip: **33901** 25. Country: **LEE**
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State:
29. Zip: **33901** 30. Country: **LEE**

4. FEI Number: **65-0373379**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CANTON, STEVEN J.
3947 SEMINOLE AVE.
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **1723 Hought St**
83. City & State: **FT MYERS, FL**
84. City: **FT MYERS, FL**
85. Zip Code: **33901**

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: *Steven J. Canton* **STEVEN J. CANTON** **4/30/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	CANTON, STEVEN J.	
STREET ADDRESS	3947 SEMINOLE AVE.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, JORGE L	
STREET ADDRESS	3699 WINKLER AVE #318	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WILLIS, LARRY R.	
STREET ADDRESS	382 MELODY COURT	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEINBORN, LARRY M	
STREET ADDRESS	6516 CONVERSE AVE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, MICHAEL G	
STREET ADDRESS	6627 TROPICANA DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1723 Hought St
1.4 CITY - ST - ZIP	FT MYERS, FLORIDA 33901
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV DANIEL TUFARILLO
2.3 STREET ADDRESS	141 BEDFORD DR
2.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DV CARMEN RICHARDS
3.3 STREET ADDRESS	3089 43RD ST S.W.
3.4 CITY - ST - ZIP	NAPLES, FLORIDA 33999
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

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)(k), 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: *Steven J. Canton* **STEVEN J. CANTON** **4/30/96** **(941)694-6448**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)