FILE NOW: FILING FEE IS \$61.25 FILED NONPROFIT FLORIDA DEPARTMEN STATE May 16 1997 8:00 am CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of State Secretary of S 1997 DIVISION OF CORPO IONS DOCUMENT # (9)N49630 SJC BOXING CLUB, INC. Principal Place of Business Mailing Address 1723 HOUGH STREET 1729 HOUGH STREET FT. MYERS FL 33901 FT. MYERS FL 33901-2509 US 3. Date Incorporated or Qualified 06/25/1992 3a. Date of Last Report 05/01/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Numbe 65-0373379 1336 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 390 Yes No 26 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 gNTON CANTON, STEVEN J. Street Address (P.O. Box Number is Not Acceptable) 82 1723 HOUGH STREET 83 FT. MYERS FL 33901 84 11. Pursuant to the provisions of Sociions 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 bith, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of Sociion 617.0503, Florida Statutes. SIGNATURE Signature 400 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDI DELETE Change TITLE 1.1 TITLE MARY LYNN NAME CANTON, STEVEN J. 1.2 NAME CANTON 1723 HOUSH STREET STREET ADDRESS 1.3 STREET ADDRESS 1336 FT. MYERS FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE TUFARIELLO, DANIEL NAME 2.2 NAME CANTON 141 BEDFORD DRIVE MIRACLE STREET ADDRESS 2.3 STREET ADDRESS 1336 **PORT CHARLOTTE F** MYGNS, FLANIA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE RICHARDS, CARMEN NAME 3.2 NAME 3089 43RD STREET SW STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 THE TITLE STEINBORN, LARRY M NAME 4. 2 NAME 6516 CONVERSE AVE STREET ADDRESS 4.3 STREET ADDRESS FT MYERS FL

CITY-ST-ZIP -ST-ZIP 6.4 CI 4. I do hereby certify that the information supplied with this filing does not qualify for the information Indicated on this annual report or supplemental annual report is true and a I am an officer or director of the corporation or the receiver or trustee ampowered to appears in Block 12 or Block 13 if changed out on an attachment with an address. xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that poute this report as required by Chapter 617, Florida Statutes, and that my name

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

MILLS, MICHAEL G

FT. MYERS FL

6627 TROPICANA DRIVE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

(aux) 225-5225

Change

Change

Addition

Addition