

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  
 Jul 30 1998 8:00am  
 Secretary of State

0000742

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

**DOCUMENT # N49630 (9)**  
 1. Corporation Name  
**SJC BOXING CLUB, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1336 MIRACLE LANE<br>FT. MYERS FL 33901<br>US | Mailing Address<br>1336 MIRACLE LANE<br>FT. MYERS FL 33901<br>US |
|--|--|

|   |   |   |
|---|---|---|
| 3. Date Incorporated or Qualified<br><b>06/25/1992</b>  |   |   |
| 4. FEI Number<br><b>65-0373379</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |   |
| 7. Is this nonprofit corporation a homeowners association?<br><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 |   |   |

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

**9. Name and Address of Current Registered Agent**  
**CANTON, STEVEN J.**  
~~1700 HOUGH STREET~~  
~~FT. MYERS FL 33901~~

**10. Name and Address of New Registered Agent**  
 81 Name **CANTON, STEVEN J.**  
 82 Street Address (P.O. Box Number, Is Not Acceptable) **1336 MIRACLE LANE**  
 83  
 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, President DATE: 7/20/98

**12. OFFICERS AND DIRECTORS**

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>PDT</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>CANTON, STEVEN J.</b>     |  |
| STREET ADDRESS | <del>1700 HOUGH STREET</del> |  |
| CITY-ST-ZIP    | <b>FT. MYERS FL</b>          |  |
| TITLE          | <b>DV</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>TUFARIELLO, DANIEL</b>    |  |
| STREET ADDRESS | <b>141 BEDFORD DRIVE</b>     |  |
| CITY-ST-ZIP    | <b>PORT CHARLOTTE F</b>      |  |
| TITLE          | <b>DV</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>RICHARDS, CARMEN</b>      |  |
| STREET ADDRESS | <b>3089 43RD STREET SW</b>   |  |
| CITY-ST-ZIP    | <b>NAPLES FL</b>             |  |
| TITLE          | <b>SD</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>STEINBORN, LARRY M</b>    |  |
| STREET ADDRESS | <b>6516 CONVERSE AVE</b>     |  |
| CITY-ST-ZIP    | <b>FT MYERS FL</b>           |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>MILLS, MICHAEL G</b>      |  |
| STREET ADDRESS | <b>0827 TROPICANA DRIVE</b>  |  |
| CITY-ST-ZIP    | <b>FT. MYERS FL</b>          |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                |  |
|--------------------|--------------------------------|--|
| 1.1 TITLE          | <b>PDT</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>CANTON, STEVEN J.</b>       |  |
| 1.3 STREET ADDRESS | <b>1336 MIRACLE LANE</b>       |  |
| 1.4 CITY-ST-ZIP    | <b>FT MYERS, FLORIDA 33901</b> |  |
| 2.1 TITLE          | <b>DV</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>CANTON, MARY LYNN</b>       |  |
| 2.3 STREET ADDRESS | <b>1336 MIRACLE LANE</b>       |  |
| 2.4 CITY-ST-ZIP    | <b>FT MYERS, FLORIDA 33901</b> |  |
| 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          |                                | <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 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: Steven J. Canton, President DATE: 7/20/98 941-275-5235  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)