

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000104 (1)

1. Corporation Name
LEE COUNTY SPORTS OFFICIALS, INC.



Principal Place of Business 318 SE 43RD LANE CAPE CORAL FL 33904	Mailing Address 318 SE 43RD LANE CAPE CORAL FL 33904
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3. Date incorporated or Qualified
11/03/1992

4. FEI Number
65-0368966

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 27 Zip Country 28 29 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**VALENTE, SAL
 318 SE 43 LANE
 CAPE CORAL FL 33904**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VALENTE, SAL	
STREET ADDRESS	318 SE 43 LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGER, ROBERT L II	
STREET ADDRESS	1130 TRAVIS AVENUE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PFEIFER, JOHN H	
STREET ADDRESS	701 SW 58M ST.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOBODA, JOHN
2.3 STREET ADDRESS	1128 SE 29 TERR
2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOBODA, JOHN
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CAPE CORAL FL 33
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: Sal Valente 4-11-98 (94)2451440

CR2E037 (10/97)