

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N93000003985 (9)**

NORTHERN PALM BEACH COUNTY WRESTLING CLUB, INC.

APPROVED
AND
FILED

55 MAY - 1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
11420 US HIGHWAY ONE SUITE 138 N PALM BEACH FL 33408		11420 US HIGHWAY ONE SUITE 138 N PALM BEACH FL 33408		08/27/1993		04/29/1994	
2. Principal Place of Business				4. FEI Number			
21. Mailing Address				65-0437331			
22. Suite, Apt #, etc				5. Certificate of Status Desired			
23. City & State				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status			
24. Zip				25. Country			
26. Suite, Apt #, etc				27. City & State			
28. Zip				29. Country			
30. City & State				31. Country			

3. Date Incorporated or Qualified		3a. Date of Last Report	
08/27/1993		04/29/1994	
4. FEI Number		Applied For	
65-0437331		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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AZAR, PATRICIA F 11420 US HIGHWAY ONE SUITE 138 N PALM BEACH FL 33408				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			
				B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD AZAR, PATTY 11370 TWELVE OAKS WAY, UNIT 112 N PALM BCH FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	V BATES, STEVE 14062 PEACE RIVER WAY PAL BCH GARDENS FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	RESIGNED
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	TD MACGREGOR, RICHARD 5799 MARBLEWOOD CT JUPITER FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	S HERBERT, STACEY 8701 MALLARD COVE ROAD JUPITER FL 33458	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	RESIGNED
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	D COONTE, MICHAEL D 11370 TWELVE OAKS WAY 112 N. PALM BEACH FL 33408	51 TITLE	
NAME		52 NAME	D COONTZ, MICHAEL D. 11370 TWELVE OAKS WAY 112 N. PALM BEACH, FL. 33408
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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(2)(b), Florida Statutes. I further certify that the information included 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 on the certificate 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: *Richard S. MacGregor* 4-27-95 407-746-0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #