

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90040 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003985**

1. Corporation Name  
**NORTHERN PALM BEACH COUNTY WRESTLING CLUB, INC.**

Principal Place of Business <del>11370 TWELVE OAKS WAY                  #112                  N PALM BEACH FL 33408</del>	Mailing Address <del>11370 TWELVE OAKS WAY                  #112                  N PALM BEACH FL 33408</del>
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2. Principal Place of Business 21 <b>3352 Meridian Way S.</b> Suite, Apt. #, etc. 22 <b>D</b> City & State 23 <b>Palm Beach Gardens</b> Zip Country 24 <b>33410</b> 25	2a. Mailing Address 26 <b>3352 Meridian Way S.</b> Suite, Apt. #, etc. 27 <b>D</b> City & State 28 <b>Palm Beach Gardens</b> Zip Country 29 <b>33410</b> 30	3. Date Incorporated or Qualified <b>08/27/1993</b> 4. FEI Number <b>65-0437331</b> Applied For Not Applicable 5. Certificate of Status Desired <input 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
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9. Name and Address of Current Registered Agent <b>AZAR, PATRICIA F</b> <b>11370 12 OAKS WAY</b> <b>#112</b> <b>N PALM BEACH FL 33408</b>	10. Name and Address of New Registered Agent 81 Name <b>Michael Chesnes</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3352 D Meridian Way South</b> 83 84 City <b>Palm Beach Gardens</b> FL 85 Zip Code <b>33410</b>
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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 Michael Chesnes Michael Chesnes 3/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Chesnes, Michael</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AZAR, PATTY</b>		1.2 NAME	
STREET ADDRESS <b>11370 TWELVE OAKS WAY, UNIT 112</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>N PALM BCH FL</b>		1.4 CITY-ST-ZIP <b>Palm Beach Gardens, FL 33410</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>George, Deana</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHESNES, MICHAEL</b>		2.2 NAME	
STREET ADDRESS <b>801 LIGHTHOUSE</b>		2.3 STREET ADDRESS <b>4031 Woods Edge Circle</b>	
CITY-ST-ZIP <b>N. PALM BCH FL 33408</b>		2.4 CITY-ST-ZIP <b>Palm Beach Gardens, FL 33410</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>113 PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOONTZ, MICHAEL D.</b>		3.2 NAME	
STREET ADDRESS <b>11370 TWELVE OAKS WAY 112</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>N. PALM BEACH FL</b>		3.4 CITY-ST-ZIP <b>33410</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>Jeff Hardy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS <b>406 Highwood Circle</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Jupiter, FL 33458</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Michael Chesnes **SIGNATURE REQUIRED** 3/19/99 561 694-7375  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)