

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004301 (8)**

1. Corporation Name  
**NATIONAL DOMINO ASSOCIATION, INC.**



Principal Place of Business <b>2309 N DALE MABRY HIGHWAY                  TAMPA FL 33607</b>	Mailing Address <b>13907 N. DALE MABRY HWY.                  STE. 201                  TAMPA FL 33618</b>
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3. Date Incorporated or Qualified <b>09/23/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business <b>21 3103 - N HOWARD AVE</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3203558</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23 TAMPA, FL</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 33607</b>	Country <b>25 HILLSBOROUGH</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Zip <b>29</b>	Country <b>30</b>	

9. Name and Address of Current Registered Agent

**MOONEY, MARK F  
 13907 N. DALE MABRY HWY.  
 STE. 201  
 TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATASSINI, PAT	
STREET ADDRESS	C/O 13907 N. DALE MABRY HWY., STE. 201	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, T.M.	
STREET ADDRESS	C/O 13907 N. DALE MABRY HWY., STE. 201	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATASSINI, MATTHEW	
STREET ADDRESS	C/P 13907 N. DALE MABRY HWY., STE. 201	
CITY - ST - ZIP	TAMPA FL 33618	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>D LOU ASCINOS</b>
23 STREET ADDRESS	<b>PO BOX 21796 C/O 13907 N. Dale Mabry Hwy #201</b>
24 CITY - ST - ZIP	<b>TAMPA, FL 33622</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>200001746902</b>
63 STREET ADDRESS	<b>-03/18/96--01052--005</b>
64 CITY - ST - ZIP	<b>***61.25</b>

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(3)(k), 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 in my own hand; 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: PAT MATASSINI - PAT MATASSINI 1-19-96 813-258-8689  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)