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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000004301 (8)

1. Corporation Name  
NATIONAL DOMINO ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3103 N HOWARD AVE. TAMPA FL 33607  
43907 N DALE MABRY HWY. STE 201 TAMPA FL 33618-2411

3. Date Incorporated or Qualified 09/23/1993  
3a. Date of Last Report 03/17/1996

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 25  
2a. Mailing Address  
26 1211 W. Fletcher Ave.  
27 Suite, Apt #, etc.  
28 Tampa, FL  
29 33612-3343 30 Country

4. FEI Number 59-3203558  
Applied For 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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) 1211 W. Fletcher Ave.  
83  
84 City Tampa FL 85 Zip Code 33612

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: *Mark F. Mooney*  
Signature, typed or printed name of registered agent and title if applicable (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	D <input type="checkbox"/> DELETE
NAME	PSOINOS, LOU
STREET ADDRESS	C/O 13907 N DALE MABRY HWY., STE 201
CITY-ST-ZIP	TAMPA FL 33622
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1211 W. Fletcher
1.4 CITY-ST-ZIP	Tampa, FL 33612
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1211 W. Fletcher
2.4 CITY-ST-ZIP	Tampa, FL 33612
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1211 W. Fletcher
3.4 CITY-ST-ZIP	Tampa, FL 33612
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 do 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: *Pat Matassini* 2-20-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048457

CR2E037 (9/96)