

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90010 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004301

1. Corporation Name  
 NATIONAL DOMINO ASSOCIATION, INC.

Principal Place of Business: 3103 N. HOWARD AVE. TAMPA FL 33607  
 Mailing Address: 1211 W. FLETCHER AVE. TAMPA FL 33612-3363 US



|                            |                            |   |
|----------------------------|----------------------------|---|
| 21. 3103 N HOWARD AVE      | 22. 3103 N HOWARD AVE      | 3. Date incorporated or Qualified: 09/23/1993   |
| 22. Suite, Apt. #, etc.    | 27. Suite, Apt. #, etc.    | 4. FEI Number: 59-3203558   |
| 23. City & State: TAMPA FL | 28. City & State: TAMPA FL | 5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip: 33607             | 29. Zip: 33607             | 6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees      |
| 25. Country: HILLSBOROUGH  | 30. Country: HILLSBOROUGH  |   |

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| 9. Name and Address of Current Registered Agent<br>MOONEY, MARK F<br>1211 W. FLETCHER AVE.<br>TAMPA FL 33612 | 10. Name and Address of New Registered Agent<br>81 Name: LOU PSOINAS<br>82 Street Address (P.O. Box Number is Not Acceptable): 3103 N HOWARD AVE<br>83<br>84 City: TAMPA FL 85 Zip Code: 33607 |
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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: *[Signature]* DATE: 3/30/99

| 12. OFFICERS AND DIRECTORS       |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------------|-----------------------------|---|------------------------------|
| TITLE: PD                        | NAME: MATASSINI, PAT        | 1.1 TITLE: D PRESIDENT                                | NAME: PAT MATASSINI          |
| STREET ADDRESS: 1211 W. FLETCHER | CITY-ST-ZIP: TAMPA FL       | 1.2 STREET ADDRESS: 10111 - HAMPTON PL                | CITY-ST-ZIP: TAMPA, FL 33618 |
| TITLE: D                         | NAME: FERNANDEZ, TERESA     | 2.1 TITLE: D Vice Pres.                               | NAME: TERESA FERNANDEZ       |
| STREET ADDRESS: 1211 W. FLETCHER | CITY-ST-ZIP: TAMPA FL 33612 | 2.2 STREET ADDRESS: 10111 - HAMPTON PL                | CITY-ST-ZIP: TAMPA, FL 33618 |
| TITLE: D                         | NAME: PSOINAS, LOU          | 3.1 TITLE: D SEC. TRYS.                               | NAME: LOU PSOINAS            |
| STREET ADDRESS: 1211 W. FLETCHER | CITY-ST-ZIP: TAMPA FL 33612 | 3.2 STREET ADDRESS: 3103 N HOWARD AVE                 | CITY-ST-ZIP: TAMPA, FL 33607 |
| TITLE: [ ] DELETE                | NAME: [ ]                   | 4.1 TITLE: [ ]  | NAME: [ ]                    |
| TITLE: [ ] DELETE                | NAME: [ ]                   | 4.2 TITLE: [ ]  | NAME: [ ]                    |
| TITLE: [ ] DELETE                | NAME: [ ]                   | 4.3 TITLE: [ ]  | NAME: [ ]                    |
| TITLE: [ ] DELETE                | NAME: [ ]                   | 4.4 TITLE: [ ]  | NAME: [ ]                    |
| TITLE: [ ] DELETE                | NAME: [ ]                   | 4.5 TITLE: [ ]  | NAME: [ ]                    |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* DATE: 1-9-99 PHONE: 413 932 6808

CR2E037 (11/98)

