FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT • CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P92000006196 (9)

SOUTH FLORIDA VOLLEYBALL, INCORPORATED

Principal Place of Business

Mailing Address



	49TH STREET CREEK FL 33073		4797 N.W. 49TH STREET COCONUT CREEK FL 33073					
					3. Date Incorporated or Qualified 3a. 11/19/1992		. Date of Last Report 08/09/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc	pt # oto		65-0371561	Not Applicable		
22		27] Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country Zip				Trust Fund Contribution Added t		dded to Fees	
24 25		Zip 29]	Country 30		8. This corporation has liability for i	intangible tax undar si 199.032. si 🎞 No		
	9. Name and Address of Curr		1301		10. Name and Address of New R			
			81	Name		og.o.o.o.o Ago.		
	es, william e		82	Street Add	dress (P.O. Box Number is Not Acceptab	lo3		
	N.W. 49TH ST.					10)		
COCO	NUT CREEK FL 30373		83					
			84	City		—4 85	Zip Code	
11. Pursuant t	o the gravisions of Sections 607.05	00 and 607 1500 Flyddin Di	1.1 1		oration submits this statement for the purp ard of directors. I nereby accept the appo		, , , , , , , , , , , , , , , , , , ,	
12.		ota i réolagairair. ND DIRECTORS	TWY's Engineeral Agric	sign if in reques	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12	
TITLE	PSTD	☐ DELETE	1 : TI*LF		Change Addition			
NAME	NOAKES, SUSAN		1.2 NAME					
STREET ADDRESS	4797 NW 49TH ST		1.3 STREET A	ADDRESS				
CITY-S1-2IF TITLE	COCONUT CREEK FL 33		1 4 CHY - S1	ZIF				
NAME	☐ DELETE		2 1 T17LE		Change Addition			
STREET ADDRESS			2.2 NAME	200000				
CrTy - ST - ZiP			2 3 STREET A 2 4 CHY ST	1				
TIFLE		DELETE	3 1 TiTLE	- 117		☐ Cha:	nge 🔲 Addition	
NAME			3.2 NAME				-g- [] (Samo)	
STREET ADDRESS			33 SIREFT	ADDRESS				
CITY - ST - ZIP TITLE			3.4 CHY SI	- ZIP				
NAME		DELETE	4 1 TITLE			☐ Char	oge 🔲 Addition	
STREET ADDRESS			4.2 NAME					
CITY-SI-ZIP			4.3 STREET A	į.				
DITLE	, , , , , , , , , , , , , , , , , , ,			20'	Change Addition		ina [] Addition	
NAME			5 1 TIFLE 5 2 NAME			Cris	ige Mauritoli	
STREET ADDRESS			53 STREE! A	OORESS				
CITY-ST-ZIP			54 CITY - ST-					
TITLE		DELETE	6 1 T TLE			☐ Chan	ge Addition	
NAME			6.2 NAME			_	_	
STREET ADDRESS			6 3 STREET AL	DORESS				
CITY-S1-Z.P			64 CHY-ST-	ZIP				

14. Lob hereby certify that the information supplied with this fling is voluntarily furnished and does not quarify for the exemption stated in Section 119.07(3)(k). Florida Statutes, if 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 305-570-7788