

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000075607 (9)**

1. Corporation Name
SOCCER RESOURCES, INC.



Principal Place of Business: **711 CATTLEMEN RD SARASOTA FL 34232 US**
Mailing Address: **711 CATTLEMAN RD SARASOTA FL 34232 US**

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0526053**
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

2. Principal Place of Business: 21 **1343 MAIN ST.** 2a. Mailing Address: **SAME**
Suite, Apt. #, etc.: **SUITE 501** Suite, Apt. #, etc.:
City & State: **SARASOTA FL** City & State:
Zip: **34236** Country: **USA** Zip: Country:

9. Name and Address of Current Registered Agent
KIRTLLEY, WILLIAM T
702 SARASOTA QUAY
SARASOTA FL 34236
Bob Browning Esq.

10. Name and Address of New Registered Agent
81 Name: **BOB BROWNING ESQUIRE**
82 Street Address (P.O. Box Number is Not Acceptable): **1800 SECOND ST.**
83 **SUITE 755**
84 City: **SARASOTA** 85 Zip Code: **FL 34236**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* **ROBERT W. BROWNING, JR.** DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FICHERA, AL	
STREET ADDRESS	7005 SADDLECREEK CIRCLE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PIERCE, DAVID	
STREET ADDRESS	4102 HEARTHSTONE DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NORTH, STALEY	
STREET ADDRESS	4333 WINNERS CIRCLE APT. #926	
CITY - ST - ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARK, CHARLIE	
STREET ADDRESS	828 IDLEWILD DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOWARSKI, JOHN	
STREET ADDRESS	309 TRAILSIDE DRIVE	
CITY - ST - ZIP	SEWICKLEY PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, GORDON	
STREET ADDRESS	1859 BUCANEER PLACE	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)