

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

96 SEP 11 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000020714 (8)  
 1. Corporation Name  
**SUNSHINE INVITATIONAL BASKETBALL CLINIC, INC.**

Principal Place of Business: 353 CUDDY COURT NAPLES FL 33940  
 Mailing Address: 353 CUDDY COURT NAPLES FL 33940

3. Date Incorporated or Qualified: 03/13/1995  
 3a. Date of Last Report

2. Principal Place of Business (21-23)  
 2a. Mailing Address (26-28)  
 24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: [ ] Applied For, [x] 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, [x] No

9. Name and Address of Current Registered Agent  
**KENNEDY, KRISTINE W  
 3474 TAMiami TRAIL EAST  
 NAPLES FL 33962**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City, 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	KENNEDY, ROBERT W JR. RD. #4 BOX 4156 STROUDSBURG PA 18360	[ ] Change [ ] Addition	
D	KENNEDY, BRIAN S RD. #4 BOX 4156 STROUDSBURG PA 18360	500001955125 -09/24/96--01137--006	
D	PUMP, DAVID 18444 LEMARSH STREET #41 NORTHRIDGE CA 91325	****225.00 [ ] Change [ ] Addition	
[ ] DELETE		2.1 TITLE	2.2 NAME
[ ] DELETE		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
[ ] DELETE		3.1 TITLE	3.2 NAME
[ ] DELETE		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
[ ] DELETE		4.1 TITLE	4.2 NAME
[ ] DELETE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
[ ] DELETE		5.1 TITLE	5.2 NAME
[ ] DELETE		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
[ ] DELETE		6.1 TITLE	6.2 NAME
[ ] DELETE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

Handwritten: 8/16/96

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 8/16/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)