


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 03 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000093765 (2)

1. Corporation Name
FUNLEAGUE GROUP, INC.



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|--|---|
| Principal Place of Business 5405 CYPRESS CENTER DRIVE, SUITE 295- TAMPA FL 33609 | Mailing Address 5405 CYPRESS CENTER DRIVE, SUITE 295- TAMPA FL 33609-1025 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 12/06/1995 | 3a. Date of Last Report 05/09/1996 |
| 4. FEI Number 59-3355773 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent
GUY, CHARLES H III
5405 CYPRESS CENTER DR SUITE 295- TAMPA FL 33609

10. Name and Address of New Registered Agent
 81 Name **Nicholas Flaskay**
 82 Street Address (P.O. Box Number is Not Acceptable)
5405 Cypress Center Drive
 83 **Suite 290**
 84 City **Tampa** **FL** 85 Zip Code **33609**

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 *[Signature]* DATE **3/24/97**

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GUY, CHARLES H III |
| STREET ADDRESS | 5405 CYPRESS CENTER DRIVE, SUITE 295- TAMPA FL 33609 |
| CITY-ST-ZIP | TAMPA FL 33609 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FLASKAY, NICHOLAS |
| STREET ADDRESS | 5405 CYPRESS CENTER DR SUITE 295- TAMPA FL |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LOWELL, MELVYN |
| STREET ADDRESS | 5405 CYPRESS CENTER DRIVE, SUITE 295 TAMPA FL 33609 |
| CITY-ST-ZIP | TAMPA FL 33609 |
| 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 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 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 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]* 03/05/97 813.289.3611

CR2E034 (9/96)