FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04247** **(5)**

1. Corporation Name

THE NATIONAL BOXING ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
% IRVING ABRAMSON 2640 HOLLYWOOD BLVD HOLLYWOOD FL 33020	% IRVING ABRAMSON 2640 HOLLYWOOD BLVD HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1984**
3a. Date of Last Report: **04/12/1994**
4. FEI Number: **59-2426038** ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ABRAMSON, IRVING
2640 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition D
NAME	ABRAMSON, IRVING	12 NAME	
STREET ADDRESS	2640 HOLLYWOOD BLVD.	13 STREET ADDRESS	Fred Gallo
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	3501 N. Keyser Ave., Hollywood FL
TITLE	D	21 TITLE	☐ Change ☒ Addition D
NAME	BUTTRICK, BARBARA	22 NAME	Joey Curtis
STREET ADDRESS	2445 FLAMINGO PLACE	23 STREET ADDRESS	3112 West Meade AVe.
CITY-ST-ZIP	MIAMI BCH. FL	24 CITY-ST-ZIP	Las Vegas, NV
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FLANSBURG, WALTER	32 NAME	
STREET ADDRESS	7501 BROOKHAVEN CT	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAREY, EDWARD M.	42 NAME	
STREET ADDRESS	1308 THOMPSON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK IL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JONES, DAVID	52 NAME	
STREET ADDRESS	1217 S.E. 23RD AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition D
NAME	CHER, PEYTON	62 NAME	Sher, Peyton
STREET ADDRESS	9328 OUTLOOK DR.	63 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Abramson Irving Abramson, Pres. April 12, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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