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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000079803 (8)**

1. Corporation Name
JACKSONVILLE PROFESSIONAL SOCCER, INC.

Principal Place of Business	Mailing Address
9428 BAYMEADOWS RD SUITE 175 JACKSONVILLE FL 32256 US	11007 N. 56TH STREET TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3416636	☐ Applied For ☐ Not Applicable
21	26: 11007 N. 56th Street		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: Suite 202	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28: TAMPA, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 33617 / Country 30: USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OHALL, LAURIE E ESQ. 3333 HENDERSON BLVD. SUITE 150 TAMPA FL 33609-2938	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 _____ 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	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POSSO, LUIS FELIPE		1.2 NAME		
STREET ADDRESS	8008 DUMONT COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POSSO, DONNA LYNN		2.2 NAME		
STREET ADDRESS	8008 DUMONT COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		2.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	3.1 TITLE	OPST	☒ Change ☐ Addition
NAME	FROUDE, DEREK OWEN		3.2 NAME		
STREET ADDRESS	17744 ESPIRIT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIOLLET, DENNIS		4.2 NAME		
STREET ADDRESS	7927 LOS ROBLES CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 33256		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, TOM		5.2 NAME		
STREET ADDRESS	307 FERN CLIFF		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ECHEVERRY, ARMANDO		6.2 NAME		
STREET ADDRESS	8014 CAPWOOD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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] DEREK FROUDE 04/30/98 (813) 980-3345