


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1998 8:00am
Secretary of State

001484

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22782 (9) 1. Corporation Name FLORIDA SPORTS WRITERS ASSOCIATION, INC.					
Principal Place of Business %PAUL C. DAVIS ONE HARBOUR PLACE, S-500 TAMPA FL 33602		Mailing Address %PAUL C. DAVIS ONE HARBOUR PLACE, S-500 TAMPA FL 33602			
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		3. Date Incorporated or Qualified 10/01/1987 4. FEI Number 59-1424500 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			
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DAVIS, PAUL C ONE HARBOUR PLACE, S-500 TAMPA FL 33602			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	DOOLEY, PAT				
STREET ADDRESS	2700 SW 13TH ST.,				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	STD	<input checked="" type="checkbox"/> DELETE			
NAME	BINETTE, WILFRID				
STREET ADDRESS	650 6TH STREET, S.W.				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	GRABARCZYK, DOUG				
STREET ADDRESS	1 RIVERSIDE AVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	THOMAS, BOB				
STREET ADDRESS	1 RIVERSIDE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	BIANCHI, MIKE				
STREET ADDRESS	1 RIVERSIDE AVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	MIKE BIANCHI				
1.3 STREET ADDRESS	1 RIVERSIDE AVE				
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32231				
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	THOMAS, BOB				
4.3 STREET ADDRESS	1 RIVERSIDE AVE				
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32231				
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Bianchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-98 (904) 359-4292
Date Daytime Phone #

CR2E037 (5/98)