

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752671** (8)

1. Corporation Name

GAINESVILLE SUZUKI PLAYERS, INC.



Principal Place of Business P.O. BOX 23821, N/A C/O SONNHILD F. KITTS GAINESVILLE FL 32602 US	Mailing Address 3415 NW 10TH AVE. GAINESVILLE FL 32605
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 05/29/1980	
4. FEI Number 58-2088069	Applied For <input type="checkbox"/> 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent KITTS, SONNHILD F. 3415 N.W. 10TH AVE. GAINESVILLE FL 32605	
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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
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DD <input type="checkbox"/> DELETE
NAME	KITTS, SONNHILD
STREET ADDRESS	3415 NW 10 AVE.
CITY-ST-ZIP	GAINESVILLE, FL 00000
TITLE	P/D <input type="checkbox"/> DELETE
NAME	DERRICO DAVID
STREET ADDRESS	3716 NW 7TH AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	DERRICO, DAVID
STREET ADDRESS	3716 NW 7TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	FLURIACH, AIMEE
STREET ADDRESS	13131 NW 19TH PL
CITY-ST-ZIP	GAINESVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LOWERY, MARLENE
STREET ADDRESS	3111 NW 58TH BLVD.
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	MD <input type="checkbox"/> DELETE
NAME	SMERAGE, GLEN
STREET ADDRESS	2104 NW 12 AVE.
CITY-ST-ZIP	GAINESVILLE, FL 00000

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D MUNI, Kathy
2.3 STREET ADDRESS	4411 NW 19th AVE
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Benoit Michelle
4.3 STREET ADDRESS	120 NE 8th St
4.4 CITY-ST-ZIP	Gainesville, FL 32601
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: *Sonnild F. Kitts* *May 25th 1998 352-3486884*

CR2E037 (10/97)