## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL, REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	,	јац REP <b>1998</b>	ORT		Secret DIVISION OF	tary of Stat		IS		Se	cret	ary	of	State
Ę	OCUI	MENT Name			(0)									
	CAPE	CORAL G	GRIDIRON CLUE	B, INC.										
Principal Place of Business Mailing Address					g Address				┤ "	1800)AN 1400AN AWWATA N	HORM FOR UN FROM			il Bibli Albii ildi
	432 S.W. 20TH STREET				432 S.W. 20TH STREET				3. Date	Incorporated (	or Qualified			
GA US	PE CORAL F	EL 33991		CAPE (	CORAL FL 33991					0/13/1983				
"				•					4. FEI N		,			Applied For
2.	Principal Pi	ace of Busin	1088	2a, Ma	iling Address					5-0175625			<b>607</b>	Not Applicable
21				26					5. Certifi	icate of Status	Desired			5 Additional Required
	Suite, Apt.	#, etc.		<del></del>	te, Apt. #, etc.					on Campaign	_		\$5.0	O May Be
22	City & State			27 Cits	y & State				<del></del>	Fund Contribu		<u> </u>		d to Fees
23	J., J. J.	•		28	o ciaio				7. IS THIS	nonprofit cor		iomeowne ∐Yes	ers associa	tion?
	Zip		Country	Zip		Cou	intry		8. This c	orporation ow	es or has p	aid the co	rrent year	Intangible
24			25	29	4 4	30				nal Property T			Yes	□ No
		y, Name	and Address of Cu	rrent Hegisterei	a Agent		81 N	Name	10. Name	and Addres	of New Re	egistered	Agent	
	KUENIG	ROBERT												
		20TH ST	REET				<b>62</b> S	Street Addre	ress (P.O. Bo	x Number is N	lot Accepta	ble)		
		ORAL FL 3				ł	83						·- ·-	
							55							
								Situ					0E 7	n Codo
							84 C	City				FL	_	ip Code
11.	Pursuant to	o the provisi	ions of Sections 617.	0502 and 617.15	508, Florida Statu uch change was	ites, the ab	84 C	•	oration subm	nits this statem	nent for the pereby acce		_	•
11.	Pursuant to office or re agent. I an	o the provis egistered ag n familiar wi	ions of Sections 617, ent, or both, in the Si th, and accept the of	0502 and 617.15 tate of Florida. S bligations of, Sec	508, Florida Statu uch change was ption 617.0503, Fl	ites, the at authorized lorida Stati	84 C	•	poration submition's board o	nits this statem f directors. I h	nent for the pereby acce		_	•
	NATURE _						84 Coove-nad by the utes.	amed corpe e corporati			nent for the lereby acce	purpose opt the ap	_	•
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SIG	SNATURE -	Signature, typed	or printed name of registered OFFICERS	d agent and title if appi	ficable. (NO	TE: Registered	84 Cove-nad by the utes.	amed corpe e corporati	ed when reinstatin	g)		purpose o pt the ap	of changing pointment	g its registered as registered
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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.

Spalation

**FILED** 

Mar 12 1998 8:00am