

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005027 (6)
 1. Corporation Name
EAST COAST HOCKEY LEAGUE, INC.



Principal Place of Business C/O SCOTT SABATINO 125 VILLAGE BLVD., STE 210 PRINCETON NJ 08540	Mailing Address C/O SCOTT SABATINO 125 VILLAGE BLVD., STE 210 PRINCETON NJ 08540
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report 04/11/1996
4. FEI Number 54-1472984	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
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	

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

9. Name and Address of Current Registered Agent

LANE, LARRY
C/O JACKSONVILLE HOCKEY CLUB
5569-7 BOWDEN ROAD
JACKSONVILLE FL 32216

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, RICHARD	
STREET ADDRESS	800 BRIAR CREEK RD, DD518 MART OFFICE BLDG	
CITY-ST-ZIP	CHARLOTTE NC 28205	
TITLE	COMD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, PATRICK	
STREET ADDRESS	800 BRIAR CREEK RD, DD518 MART OFFICE BLDG	
CITY-ST-ZIP	CHARLOTTE NC 28205	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRICE, DOUG	
STREET ADDRESS	800 BRIAR CREEK RD, DD518 MART OFFICE BLDG	
CITY-ST-ZIP	CHARLOTTE NC 28205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELIX, CHARLES	
STREET ADDRESS	100 TECHWOOD DRIVE	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEUERSTEIN, HARRY	
STREET ADDRESS	601 E. LEIGH STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEER, CARL	
STREET ADDRESS	2700 E. INDEPENDENCE BOULEVARD	
CITY-ST-ZIP	CHARLOTTE NC 28205	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adams, Richard	
1.3 STREET ADDRESS	125 Village Blvd. Suite 210	
1.4 CITY-ST-ZIP	Princeton NJ 08540	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sabatino, Scott	
2.3 STREET ADDRESS	125 Village Blvd. Suite 210	
2.4 CITY-ST-ZIP	Princeton NJ 08540	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Price, Doug	
3.3 STREET ADDRESS	125 Village Blvd. Suite 210	
3.4 CITY-ST-ZIP	Princeton NJ 08540	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Felix, Charles	
4.3 STREET ADDRESS	201 East Gregory St. - Rear	
4.4 CITY-ST-ZIP	Pensacola FL 35201	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clarkson, Art	
5.3 STREET ADDRESS	Birmingham-Jefferson Civic Center, 19th St. North	
5.4 CITY-ST-ZIP	Birmingham AL 35203	
6.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Scheer, Carl	
6.3 STREET ADDRESS	800 East Blvd.	
6.4 CITY-ST-ZIP	Charlotte NC 28209	

14. I do 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.

CR2E037 (4/97)