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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

SIGNATURE

(8)

MVP SF	PORTS C	LUB, INC.																	
Principal Place	of Business		М	lailing Address					\neg			FI WILL WOLL	POLUKTUR AUI		 	A MANTIN MINTAL M	igii g i	IBII BHBH IB	i i i
5662 JEREZ CT FT MYERS FL 33919				6200 GULF BLVD ST PETERSBURG FL 33706 US															
									3			1989/	d or Qu	alitied	За.	Date of Las 01/27/1			
Principal Place of Business Section				2a. Mailing Address 26					4	4. FEI Number 59-2999837							aplied Fo lot Applic		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5	. Ce	rtificati	e of Sta	tus Desi	ired	 又			Addition lequired	al
City & State			28	City & State 57 Pete	В	ea.h		FL	6			Campaig ad Contr	in Finan	cing				May Be	
Zip 24		Country 25	29	Zip	3	Countr	У	4'	В	. Thi	s corp	oration	has liab			ble tax unde			
9. Name and Address of Current									Florida Statutes Yes You No 10. Name and Address of New Registered Agent										
	<u> </u>				·	8	1	Name		,									
KOTSOPOULOS, JAMES 5662 JEREZ CT								Street Ad	ddress (P.O. Box Number is Not Acceptable)						bie)				
	S FL 3391	9				83	3												
						84	4	City								FI 85	Zip	Code	· · · · · · · ·
11. Pursuant to	o the provisi	ons of Sections 607,050	02 and 60	7.1508, Florida Statu	tes, t	he above	-na	med corp	poration	subn	nits thi	s staten	nent for	the pu	rpose c	of changing	its re	gistered	office
or registere familiar wit	ed agent, or h, and acce	both, in the State of Flo of the obligations of Se	rida. Sud e tion 607	n change was authori .0505, Florida Statue	izeo (es.	by the cor	por	ration's bo	oard of c	airect	ors. I I	nereby a	ассерт т	-		_		agent. i a	ım
SIGNATURE	Slaneture, typno	or printed name of registered age	nt and title if	anglicable (N	10TE · F	Registered Ag	ent s	vionature recu	ared when	reinsta	tina)			Ho.	E/E -	29/9 (<u> </u>		
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14. I do hereb	the informat	the information supplied tion indicated on this and er or director of the corp	nual repo	rt or supplemental an	ınual ı	ed and do report is t	es i	not qualify	urate and	d tha	t my s	ignature	i shall ha	ave the	same	legal effect:	as if	made un	der
appears in	Block 12 or	Block 13 if changed or	or an al	techment with an ack	dross	حر		SAUGUIG	ao rope	J U.	oqon			50711	.550		- 0101	- 1115 110011	.~

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/96 (813)367-1902