

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 17 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 # **N02129** (7)
1. Corporation Name
COVE SOCCER, INC.



Principal Place of Business 1219 DEWITT STREET PANAMA CITY FL 32401	Mailing Address 1219 DEWITT STREET PANAMA CITY FL 32401-4040
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2. Principal Place of Business 21 1401 Dewitt St.		2a. Mailing Address 26 1401 Dewitt St.		3. Date Incorporated or Qualified 03/22/1984	3a. Date of Last Report 08/12/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2399324	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Panama City FL		City & State 28 Panama City FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32401		Zip 29 32401		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 BAY		Country 30 BAY		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALCOCK, DAVID 1219 DEWITT STREET PANAMA CITY FL 32401		10. Name and Address of New Registered Agent 81 Name Thomas E. Lynch 82 Street Address (P.O. Box Number is Not Acceptable) 1401 Dewitt St. 83 84 City Panama City FL 85 Zip Code 32401	
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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 Thomas E. Lynch Thomas E. Lynch President June 18, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALCOCK, DAVID		1.2 NAME THOMAS E. LYNCH	
STREET ADDRESS 1219 DEWITT STREET		1.3 STREET ADDRESS 1401 DEWITT ST.	
CITY-ST-ZIP PANAMA CITY FL		1.4 CITY-ST-ZIP PANAMA CITY FL 32401	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYNCH, THOMAS E.		2.2 NAME MICHAEL D. MALLORY	
STREET ADDRESS 1401 DEWITT STREET		2.3 STREET ADDRESS 181 N. MARIE DR	
CITY-ST-ZIP PANAMA CITY FL		2.4 CITY-ST-ZIP PANAMA CITY FL 32401	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE F/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRISON, SUSAN		3.2 NAME MARIE W. LYNCH	
STREET ADDRESS 100 COVE TERRACE LANE		3.3 STREET ADDRESS 1401 DEWITT ST.	
CITY-ST-ZIP PANAMA CITY FL		3.4 CITY-ST-ZIP PANAMA CITY FL 32401	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 (9/96)

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