## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

## SUNSHINE FESTIVAL FOOTBALL, INC.

| FILED              |
|--------------------|
| May 19 1997 8:00am |
| Secretary of State |
|                    |

| r immitiblet fille eite | \$\$\$     \$\$   \$\$   \$\$   \$\$   \$\$   \$\$ | mimes mames mentib desites | Albit Gialt inti |
|-------------------------|--|----------------------------|------------------|

| Principal Place                  | al Place of Business Mailing Address   |                                 |                          | . I HOBSTYNDE HOM STITET SOUTH STORM VANDE ENDE BINGS WEREN WEREN WEREN MENNE MEREN MEREN MEREN MEREN MENNE TOWAR |  |                            |                                       |              |
|----------------------------------|--|---------------------------------|--------------------------|---|--|----------------------------|---------------------------------------|--------------|
| 915 MIDDLE RIV                   | FR OR  | 915 MIDDLE RIVER OR             |                          |   |  |                            |                                       |              |
| STE 120                          |  | STE 120                         |                          |   |  |                            |                                       |              |
| FT LAUDERDALE                    | FL 33304   | FT LAUDERDALE FL 3330           | 4-3559                   |   | 3. Date Incorporated or Qualified                                | 3a. Date                   | of Loct De                            | aport        |
| US                               |  | US                              |                          |   | 03/23/1990   |                            | /01/199                               |              |
|                                  | ace of Business  | 2a. Malling Address             |                          |   | 4. FEI Number  |                            | Ap                                    | plied For    |
| 21                               |  | 26                              |                          |   | 65-0182644   |                            | No                                    | t Applicable |
| Suite, Apt. ≢                    | t, etc.  | Suite, Apt. #, etc.             |                          |   | 5. Certificate of Status Desired                                 |                            |                                       | Additional   |
| 22                               |  | 27                              |                          |   |  |                            | Fee Re                                | <del></del>  |
| City & State                     | 1  | City & State                    |                          |   | 6. Election Campaign Financing                                   | F****1                     | \$5.00                                |              |
| 23                               |  | 28                              |                          | Trust Fund Contribution   | Ц  | Added t                    |                                       |              |
| Zip                              | Country  | Zip                             | Country<br>30            | ,   | 8. This corporation has liability for in                         | ntangible tax<br>I Yes 🔲 I |                                       | 199.032,     |
| 24                               | 25<br>9. Name and Address of Current   | Pagistered Agent                | 1301                     |   | Florida Statutes  10. Name and Address of New Reg                |                            |                                       |              |
|                                  | 3. Marile and Address of Current   | riogisterou Agoni               | 81                       | Name  | 10. resite tite Addition of from ries                            | Intraction will            | <u> </u>                              |              |
|                                  | A A A WORLD OF THE PARTY OF THE |                                 | L.                       |   |  |                            |                                       |              |
|                                  | L, MATTHEW E.  |                                 | 82                       | Street Add  | dress (P.O. Box Number is Not Acceptable                         | θ)                         |                                       |              |
|                                  | SUNRISE BLVD.  |                                 | 83                       | ļ   |  |                            |                                       |              |
|                                  | USE, WEST  |                                 | "                        | İ   |  |                            |                                       |              |
| FI. LAUL                         | DERDALE FL 33304   |                                 | 84                       | City  |  | FL                         | 35 Zip (                              | Code         |
| 44 Diversions                    | a the madigious of Costions 617 0502   | and 617 1500 Florida Statu      | too the chair            | nomed so  | rporation submits this statement for the po                      |                            | ancina lt                             | o rogistored |
| office or re                     | egistered agent, or both, in the State of  | of Florida. Such change was     | authorized b             | y the corpore   | ation's board of directors. I hereby accep                       | t the appoin               | tment as                              | registered   |
| agent. Lar                       | n familiar with, and accept the obligat  | lions of, Section 617.0503, F   | lorida Statute           | 8.  |  |                            |                                       |              |
| SIGNATURE _                      | Signature, typed or printed name of registered agen  | 0.0                             | r. b                     |   |  | DATE                       |                                       | ,            |
| 12.                              | Signature, typed or printed name or registered agen  |                                 | 13.                      | ent signatura requ  | ured when reinstating)  ADDITIONS/CHANGES TO OFFIC               |                            | BECTOR                                | S IN 12      |
| TITLE                            | SD   | DELETE                          | 1.1 TITLE                |   | 7.55111010,00.1111020 10 01110                                   |                            | Change                                | Addition     |
| NAME                             | MORRALL, MATTHEW E.  |                                 | 1.2 NAME                 | }   |  | _                          | · · · · · · · · · · · · · · · · · · · |              |
| STREET ADDRESS                   | 2455 E SUNRISE BLVD P#W  |                                 |                          | T ADDRESS   |  |                            |                                       |              |
| l t                              | FT LAUDERDALE FL   |                                 |                          | 1   |  |                            |                                       |              |
| CITY-ST-ZIP<br>TITLE             | D  | DELETE                          | 1.4 CITY -:<br>2.1 TITLE | 21-xir  | D  |                            | Change                                | Addition     |
| NAME                             | RAY, DEE   | <b>A</b>                        | 2.2 NAME                 | 1   | Earl Morrall   |                            |                                       |              |
| STREET ADDRESS                   | 801 E TRADE ST   |                                 |                          | T ADDRESS   | 915 Middle River Drive   | ^                          |                                       |              |
| 1                                | CHARLOTTE NC   |                                 |                          |   | Ft. Lauderdale, FL 33  |                            |                                       | i            |
| CITY-ST-ZIP<br>TITLE             | PTD  | DELETE                          | 2.4 CITY-<br>3.1 TITLE   |   | P P Dauderoate, FL 33  | 302                        | Change                                | ☐ Addition   |
| NAME                             | RAY, WILLIAM E.  | hand when the                   | 3.2 NAME                 | 1   |  |                            | Z                                     |              |
| STREET ADDRESS                   | 412 EAST BLVD.   |                                 |                          | T ADDRESS   | Brian Flajole  | _                          |                                       |              |
|                                  | CHARLOTTE NC   |                                 |                          |   | 915 Middle River Driv  |                            |                                       |              |
| CITY-ST-ZIP<br>TITLE             | V  | XX DELETE                       | 3.4. CITY-<br>4.1 TITLE  | 31141   | Ft. Lauderdale, FL 3   | 33UZ 17                    | Change                                | Addition     |
| NAME                             | WARREN, RAYMOND  |                                 | 4.1 HILL<br>4.2 RAME     |   | Raymond Warren   | -                          | a mango                               | - 1300,1011  |
| 1 1                              | 500 5TH AVE.   |                                 |                          | T ADDRESS   | 500 5th Ave.   |                            |                                       |              |
| STREET ADDRESS                   | NEW YORK NY  |                                 |                          |   | New York, NY   |                            |                                       |              |
| CITY-ST-ZIP<br>TITLE             | D D  | DELETE                          | 4.4 CITY<br>5.1 TITLE    | 31 - Elk  | TON TOTAL TA   | <del>-</del>               | Change                                | Addition     |
| 1                                | •  | Fri AFTER                       |                          |   |  | <b></b>                    | 1 Autilia                             | LI NOGIONI   |
| NAME<br>Profes Applead           | HAINES, KEN  |                                 | 5.2 NAME                 |   |  |                            |                                       |              |
| STREET ADDRESS                   | 801 E. TRADE ST  |                                 |                          | T ADDRESS   |  |                            |                                       |              |
| CITY-ST-ZIP                      | CHARLOTTE NC   | DELETE                          | 5.4 CITY -               | SI-ZIP  |  | J.                         | Change                                | Addition     |
| TITLE                            | D  | <del></del>                     | 6.1 TITLE                |   | D  | X-                         | тонапре                               | - Addition   |
| NAME                             | MILLSAPS JOSEPH RAUCH W  | enven a milloaps                | 6.2 NAME                 | į   | Charlie Frankel  |                            |                                       |              |
| STREET ADDRESS                   | 871 E COMMERCIAL BLVD  |                                 |                          | T ADDRESS   | 915 Middle River Driv  |                            |                                       |              |
| CITY-ST-ZIP                      | FT LAUDERDALE FL   | Contract to the second          | B.4 CITY-                | ST-ZIP  | Ft Laudardale FL<br>ed in Section 119.07(3)(i), Florida Statuter | 33302                      |                                       | <u> </u>     |
| <ol><li>14. I do hereb</li></ol> | by certify that the information supplied   | i with this tiling does not qua | IIIY for the ex-         | emption state   | ea in Section 119.07(3)(i), Florida Statutei                     | s. I further Ca            | eriny that                            | IN <b>O</b>  |

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 on an attachment with an address.

SIGNATURE:

MakeQUIRED Raymond Warren 04-29-97