

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90027 006 ****61.25

DOCUMENT # **N37298**

I. Corporation Name

SUNSHINE FESTIVAL FOOTBALL, INC.

Principal Place of Business

915 MIDDLE RIVER DR
STE 120
FT LAUDERDALE FL 33304
US

Mailing Address

915 MIDDLE RIVER DR
STE 120
FT LAUDERDALE FL 33304
US



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/23/1990

4. FEI Number
65-0182644

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MORRALL, MATTHEW E.
2455 E. SUNRISE BLVD.
PENTHOUSE, WEST
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 *Matthew E. Morrall*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/1/99

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME MORRALL, MATTHEW E.
STREET ADDRESS 2455 E SUNRISE BLVD P#W
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME MORRALL, EARL
STREET ADDRESS 915 MIDDLE RIVER DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE P ☐ DELETE
NAME MORRALL, M
STREET ADDRESS 915 MIDDLE RIVER DR
CITY-ST-ZIP FT LAUD FL

TITLE T ☐ DELETE
NAME WARREN, RAYMOND
STREET ADDRESS 500 5TH AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ~~D~~ ☐ DELETE
NAME ~~HAINES, K~~
STREET ADDRESS ~~412 E BLVD~~
CITY-ST-ZIP ~~CHARLOTTE NC 28203~~

TITLE D ☐ DELETE
NAME FRANKEL, CHARLIE
STREET ADDRESS 915 MIDDLE RIVER DR
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Cory, Keyna
1.3 STREET ADDRESS 120 E Jefferson ST
1.4 CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☒ Addition

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Millsaps, Joe
2.3 STREET ADDRESS 871 E Commercial DR
2.4 CITY-ST-ZIP FT. Lauderdale, FL 33334

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Moon, Harry Dr.
3.3 STREET ADDRESS 3000 W Cypress Creek Rd
3.4 CITY-ST-ZIP FT. Lauderdale, FL 33309 ☐ Change ☒ Addition

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Johnson, Buddy
4.3 STREET ADDRESS 3200 SW 131st Terrace
4.4 CITY-ST-ZIP Davie, FL 33330 ☐ Change ☒ Addition

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Haines, Ken
5.3 STREET ADDRESS 2815 Coliseum Centre Dr/S 200
5.4 CITY-ST-ZIP Charlotte, NC 28215 ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Daytime Phone #

(954) 564-5000

0005060

CR2E037 (5/99)