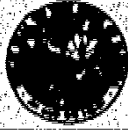


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N50226 (2)**

1. Corporation Name  
**SOUTH HILLSBOROUGH SOCCER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P.O. BOX 3689 APOLLO BEACH FL 33572-1006  
P.O. BOX 3689 APOLLO BEACH FL 33572-1006

3. Date Incorporated or Qualified **07/31/1992** 3a. Date of Last Report **03/31/1994**  
4. FEI Number **59-3132620** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, DAVID  
6522 BIMINI COURT  
APOLLO BEACH FL 33572**

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TVD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>6522 BIMINI COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>APOLLO BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGADTSCHE, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>6225 FLAMETREE DRIVE</b>	2.3 STREET ADDRESS	<b>PD HAROLD MACCAY 11435 McMullen Rd Riverview FL 33569</b>
CITY - ST - ZIP	<b>APOLLO BCH. FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>6308 SPANISH MAIN DR.</b>	3.3 STREET ADDRESS	<b>SD SHERRY HART 6308 SPANISH MAIN DR APOLLO BEACH, FL 33572</b>
CITY - ST - ZIP	<b>APOLLO BCH. FL</b>	3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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.

SIGNATURE: David A Morris, Treasurer 4/25/95 (813) 832-4040  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #  
**DAVID A MORRIS**