

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000303 (9)

1. Corporation Name

CARIBBEAN ALL - STARS SPORTS CLUB INC.



Principal Place of Business

Mailing Address

3126 N PINE HILLS RD
BLDG 6 APT 8
ORLANDO FL 32808
US

3126 N PINE HILLS RD
BLDG 6 APT 8
ORLANDO FL 32808
US

3. Date Incorporated or Qualified
11/16/1992

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **3126 N. Pine Hills Rd**

26 **3126 N. Pine Hills Rd**

4. FEI Number
59-3153197

Applied For

Not Applicable

22 Suite, Apt. #, etc.
Bldg 6 Apt 8

27 Suite, Apt. #, etc.
Bldg 6 Apt 8

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State
ORLANDO, FL

28 City & State
ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip **32808** Country **U.S.A.**

29 Zip **32808** Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, LORENZO
3126 N PINE HILLS RD 6-8
ORLANDO FL 32808**

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 **LORENZO THOMPSON (President)**

(NOTE: Registered Agent signature required when installing)

DATE

1/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD THOMPSON, LORENZO**
STREET ADDRESS **3126 N. PINE HILLS RD 6-8**
CITY - ST - ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **VD MERCHANT, JAMES**
STREET ADDRESS **6341 DELTA LEAH DRIVE**
CITY - ST - ZIP **ORLANDO FL 32818**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Vice President Williams, Wilbert**
2.3 STREET ADDRESS **780, LACOMA COURT**
2.4 CITY - ST - ZIP **APPOKA, FL 32703**

TITLE ☐ DELETE
NAME **BACCHUS, NELSON**
STREET ADDRESS **4433 N PIUS HILLS RD**
CITY - ST - ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **SD MORANT, EDGAR**
STREET ADDRESS **102 SPANISH OAK LANE**
CITY - ST - ZIP **APPOKA FL 32703**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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:

LORENZO THOMPSON (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/96 (407) 292 922

CR2E037 (12/95)