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

Mailing Address

BLDG 6 APT 8 ORLANDO FL 32808-3544

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

3126 NORTH PINE HILL ROAD

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

3126 N. PINE HILL ROAD

Suite, Apt. #, etc.

City 9 Ctate

BLDG 6 APT B

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ORLANDO FL 32808



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000303 (9)

CARIBBEAN ALL - STARS SPORTS CLUB INC.

23	J			28	]				Trust Fund Contribution Added to Fees	
Ζιρ		Γ	Country	1	Zip	C	ountry		8. This corporation has liability for intangible tax under s. 199.032,	
24		25 29 30					Florida Statutes			
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent		
							81	Name		
THOMPSON, LORENZO 3128 N PINE HILLS RD 6-8							82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32808							83			
OHDWID	70 1 L OLO									
							84	City	FL 85 Zip Code	
11. Pursuant to office or reagent. La	to the provis egistered aç m familiar w	ions gent, ith, a	of Sections 617.0502 or both, in the State o nd accept the obligati	and f Flo ons	617,1508, Florida Statu rida. Such change was of, Section 617.0503, F	utes, the authoriz lorida St	above ed by atutes	-named the cor	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	Cloud vs. buses	d ne pris	bled some of secretarial appart	and to	to it applicable Alf	YE: Dociste	rod Ano	nt skansh w	e required when reinstating) DATE	
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.								n agriciur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD				DELETE		TITLE		☐ Change ☐ Addition	
NAME	THOMP	SON	, LORENZO			1,2	NAME			
STREET ADDRESS	3126 N	. Pin	E HILLS RD 6-8			1.3	STREET	address		
CITY - ST - ZIP	ORLAN	DO F	L			1.4	CITY-S	T-ZIP		
TITLE	VD		***************************************		DELETE	2.1	TITLE	,	☐ Change ☐ Addition	
NAME	WILLIAN	us, I	Milbert			2.2	NAME			
STREET ADDRESS	780 DA	COM	ia court			2.3	STREET	address		
CITY-ST-ZIP	apopk	A FL				2. 4	CITY-S	T- ZIP		
TITLE	T		_		☐ DELETE	3.1	TITLE		☐ Change ☐ Addition	
NAME			NELSON			3.2	NAME			
STREET ADDRESS			s Hills RD			3.3	STREET	address		
CITY-ST-ZIP	ORLAN	<u>DO F</u>	L				CITY-S	T-ZIP		
TITLE	SD				☐ DELETE		TITLE		Change Addition	
NAME	MORAN	•				4.3	NAME			
STREET ADDRESS			H OAK LANE					ADDRESS		
CITY-ST-ZIP	APOPK	A rL	32/03		T Aprese		CITY-5	T-ZIP		
TITLE	1				☐ DELETE		TITLE		Change Addition	
NAME							NAME			
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP					DELETE		CITY-S	T-ZIP	Change Addition	
TITLE					☐ berete	•	TITLE		Change Addition	
NAMÉ							NAME			
STREET ADDRESS						- 1		ADDRESS		
CITY-ST-ZIP	nu postifu sh	at the	information avoided	leb	this filing does not a	6.4	CITY-S	7-ZIP	placed in Section 110 07/2VI) Florida Statutan I further conflict that the	
informatio informatio I am an o appears i	by certify that in indicated fficer or dire in Block 12 o	on the cotor of or Blo	information supplied is annual report or supplied the corporation or the corporation or the corporation or corporation or corporation or corporation or corporation or corporation and corporation supplied in corporation or supplied in corporation supplied in corporation or supplied in corporation or supplied in corporation supplied in corporation or supplied in corporation supplied in corporation or supplied in corporation supplied in	with pple ne re on ar	mental annual report is seceiver or trustee emport is a attachment with an ar	niny for the true and tweeted to didress.	e exe d accu d exec	mption i irate and ute this	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 617, Florida Statutes; and that my name	

FILED
May 16 1997 8:00am
Secretary of State



Number 59-3153197

5. Certificate of Status Desired

3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

Daytime Phone # 0018879

Not Applicable