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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001316 (9)**

1. Corporation Name

NATIONAL JUNIOR MEN'S BASKETBALL, INC.

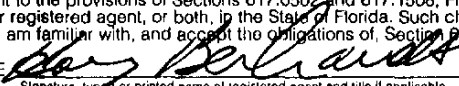


Principal Place of Business 8301 CYPRESS PLAZA DR. SUITE 120 JACKSONVILLE FL 32256-4426	Mailing Address 8301 CYPRESS PLAZA DR. SUITE 120 JACKSONVILLE FL 32256-4426	3. Date Incorporated or Qualified 03/17/1993
		4. FEI Number 59-3174450
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BERNHARDT, HARVEY E 8301 CYPRESS PLAZA DR. SUITE 120 JACKSONVILLE FL 32256-4426		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	
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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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JACKSON, MARTIN		1.2 NAME	
STREET ADDRESS 4190 BELFORT RD., SUITE 300		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BOSWORTH, WILLIAM P		2.2 NAME	
STREET ADDRESS 9765 SAN JOSE BLVD., #6		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HART, JOHN V		3.2 NAME	
STREET ADDRESS 3187 GORDON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL 32065-6833		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BERNHARDT, HARVEY E		4.2 NAME	
STREET ADDRESS 8301 CYPRESS PLAZA DR., SUITE 120		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32256		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LANG, MARGY		5.2 NAME	
STREET ADDRESS 4124 BOULEVARD CENTER DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PESTERFIELD, DAVID		6.2 NAME	
STREET ADDRESS 11624 KINGSLEY MANOR WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		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.

SIGNATURE: 

CR2E037 (10/97)