

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 15 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001523 (0)
 1. Corporation Name
TOWN AND COUNTRY COMPETITIVE SOCCER, INC.



Principal Place of Business 7406 GUNN HIGHWAY TAMPA FL	Mailing Address 7406 GUNN HIGHWAY TAMPA FL
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1993	3a. Date of Last Report 06/21/1996
4. FEI Number 59-3178950	Applied For <input type="checkbox"/> Not Applicable
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
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	

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

9. Name and Address of Current Registered Agent
**STEVENS, WILLIAM
 7406 GUNN HIGHWAY
 TAMPA FL 33625**

10. Name and Address of New Registered Agent

81 Name DARRIBA, RAUL
82 Street Address (P.O. Box Number is Not Acceptable) 4316 AUTUMN LEAVES DR
83
84 City TAMPA
85 Zip Code FL 33624

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 *[Signature]* **RAUL DARRIBA DIRECTOR/PRES. 8/26/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	NAME STEVENS, WILLIAM	STREET ADDRESS 7406 GUNN HIGHWAY	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE DV	NAME MCIVER, MIKE	STREET ADDRESS 7517 OAK VISTA CIT	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE DV	NAME NEILSON, BRUCE	STREET ADDRESS 14208 BANBURY WAY	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE TS	NAME KINAS, NANCY	STREET ADDRESS 315 BUENA VISTA DR.	CITY-ST-ZIP DUNEDIN FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE D/P/T	1.2 NAME DARRIBA, RAUL	1.3 STREET ADDRESS 4316 AUTUMN LEAVES DR.	1.4 CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE DN	2.2 NAME EDWARDS, STEVE	2.3 STREET ADDRESS 7521 CLEARVIEW DR.	2.4 CITY-ST-ZIP TAMPA - FL - 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE D/V/S	3.2 NAME TOM NEWTON	3.3 STREET ADDRESS 12001 LITTLE BERRY CT.	3.4 CITY-ST-ZIP TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 *[Signature]* SIGNATURE REQUIRED *[Signature]*

CR2E037 (4/97)