


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 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 # **N93000001527 (1)**

1. Corporation Name

NAPLES POP WARNER FOOTBALL, INC.



Principal Place of Business 9773 CAMPBELL CIR 3001 TAMiami TRAIL NORTH NAPLES FL 33940 US	Mailing Address P.O. BOX 7783 3001 TAMiami TRAIL NORTH NAPLES FL 33940 US
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3. Date Incorporated or Qualified 04/05/1993	4. FEI Number 65-0401570	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34109 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 34101 28 Country
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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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSS, DAVID W 9773 CAMPBELL CIR NAPLES FL 33940	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL 34109

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISINGER, SUSAN	1.2 NAME	
STREET ADDRESS	8030 SAN SIMEON WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATULAY, EDWARD	2.2 NAME	
STREET ADDRESS	5049 28TH PLACE S.W.	2.3 STREET ADDRESS	2310 ARBOUR WALK CIRCLE #1224
CITY - ST - ZIP	NAPLES FL 33909	2.4 CITY - ST - ZIP	NAPLES, FL 34109
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DAVID	3.2 NAME	
STREET ADDRESS	9773 CAMPBELL CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POORE, SANDY	4.2 NAME	SHARON LEA
STREET ADDRESS	361 12 ST., N.E.	4.3 STREET ADDRESS	6724 TRAIL BLVD.
CITY - ST - ZIP	NAPLES FL 33964	4.4 CITY - ST - ZIP	NAPLES, FL 34108
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL, LAURA	5.2 NAME	TRISH MATULAY
STREET ADDRESS	5080 5TH AVE N	5.3 STREET ADDRESS	2310 ARBOUR WALK CIRCLE #1224
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> DELETE	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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2310 ARBOUR WALK CIRCLE #1224
2.4 CITY - ST - ZIP	NAPLES, FL 34109
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHARON LEA
4.3 STREET ADDRESS	6724 TRAIL BLVD.
4.4 CITY - ST - ZIP	NAPLES, FL 34108
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TRISH MATULAY
5.3 STREET ADDRESS	2310 ARBOUR WALK CIRCLE #1224
5.4 CITY - ST - ZIP	NAPLES, FL 34109
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **DAVID ROSS** 914-513-0650 3-15-98

CP2E037 (10/97)