

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90326 023 \*\*\*\*61.25

**DOCUMENT # N93000002579**

1. Corporation Name

**KERALA SPORTS CLUB, INC.**

Principal Place of Business

14401 S.W. 97TH AVE  
MIAMI FL 33176  
US

Mailing Address

14401 S.W. 97TH AVE.  
MIAMI FL 33176  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**JOHN BERNARD**  
14401 S.W. 97 AVE  
MIAMI FL 33176

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

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

TITLE ☐ DELETE  
NAME **D C. JOHN BERNARD,**  
STREET ADDRESS **14401 S.W. 97 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE  
NAME **D THOMAS, JOHN P**  
STREET ADDRESS **10170 SW 103RD AVE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE  
NAME **D JOSEPH W. JOSEPH,**  
STREET ADDRESS **10700 GRIFFING BLVD.**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ DELETE  
NAME **D JASON. THOMAS,**  
STREET ADDRESS **10343 S.W. 120 ST.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE  
NAME **D SCOTT, SAMUEL**  
STREET ADDRESS **1735 LAKESHORE CIR**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**JOHN BERNARD** 4-12-99.305 235-7805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)