


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90040 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003985					
1. Corporation Name NORTHERN PALM BEACH COUNTY WRESTLING CLUB, INC.					
Principal Place of Business 11970 TWELVE OAKS WAY #112 N PALM BEACH FL 33408			Mailing Address 11970 TWELVE OAKS WAY #112 N PALM BEACH FL 33408		



2. Principal Place of Business 21 3352 Meridian Way S. Suite, Apt. #, etc. 22 D City & State 23 Palm Beach Gardens Zip Country 24 33410 25		2a. Mailing Address 26 3352 Meridian Way S. Suite, Apt. #, etc. 27 D City & State 28 Palm Beach Gardens Zip Country 29 33410 30		3. Date Incorporated or Qualified 08/27/1993 4. FEI Number 65-0437331 Applied For 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	
---	--	--	--	--	--

9. Name and Address of Current Registered Agent AZAR, PATRICIA F 11970-12 OAKS WAY #112 N PALM BEACH FL 33408				10. Name and Address of New Registered Agent 81 Name Michael Chesnes 82 Street Address (P.O. Box Number is Not Acceptable) 3352 D Meridian Way South 83 84 City Palm Beach Gardens FL 85 Zip Code 33410			
---	--	--	--	--	--	--	--

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 **Michael Chesnes** *Michael Chesnes* **3/19/99**
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Chesnes, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZAR, PATTY			1.2 NAME	PATTY AZAR		
STREET ADDRESS	11370 TWELVE OAKS WAY, UNIT 112			1.3 STREET ADDRESS	11370 TWELVE OAKS WAY, UNIT 112		
CITY-ST-ZIP	N PALM BCH FL			1.4 CITY-ST-ZIP	N PALM BCH FL		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	Chesnes, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESNES, MICHAEL			2.2 NAME	Chesnes, Michael		
STREET ADDRESS	801 LIGHTHOUSE			2.3 STREET ADDRESS	801 LIGHTHOUSE		
CITY-ST-ZIP	N. PALM BCH FL 33408			2.4 CITY-ST-ZIP	N. PALM BCH FL 33408		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	George, Deana	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOONTZ, MICHAEL D.			3.2 NAME	GOONTZ, MICHAEL D.		
STREET ADDRESS	11370 TWELVE OAKS WAY 112			3.3 STREET ADDRESS	4031 Woods Edge Circle		
CITY-ST-ZIP	N. PALM BEACH FL			3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Jeff Hardy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Jeff Hardy		
STREET ADDRESS				4.3 STREET ADDRESS	406 Highlands Circle		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Jupiter, FL 33458		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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			

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: *Michael Chesnes* **SIGNATURE REQUIRED** **3/19/99** **561 694-7375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)