

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004228 (3)**

1. Corporation Name

**SOUTH FLORIDA SOCCER ORGANIZING COMMITTEE FOR 1996, INC.**

Principal Place of Business

Mailing Address

C/O STEPHANIE MAYS  
601 BRICKELL KEY DR. STE 204  
MIAMI FL 33131  
US

C/O STEPHANIE MAYS  
601 BRICKELL KEY DR. STE 204  
MIAMI FL 33131  
US



3. Date Incorporated or Qualified

**09/17/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0511869**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**TRIBBLE, KEITH  
601 BRICKELL KEY DR. STE 204  
SUITE 206  
MIAMI FL 33131**

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 **D** ☐ DELETE  
NAME **BLUMBERG, PHILIP F**  
STREET ADDRESS **601 BRICKELL KEY DR., STE. 206**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DC** ☒ DELETE  
NAME **PERRYIII, WILLIAM**  
STREET ADDRESS **300 BISCAYNE BLVD WAY, STE 1120**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **EPLING, ROBERT L**  
STREET ADDRESS **601 BRICKELL KEY, SUITE 206**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **Keith Tribble**  
4.3 STREET ADDRESS **601 Brickell Key Drive, Suite 206**  
4.4 CITY-ST-ZIP **Miami, FL 33131**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Stephanie Mays**  
5.3 STREET ADDRESS **601 Brickell Key Drive, Suite 204**  
5.4 CITY-ST-ZIP **Miami, FL 33131**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Tyrone Edwards**  
6.3 STREET ADDRESS **601 Brickell Key Drive Suite 204**  
6.4 CITY-ST-ZIP **Miami, FL 33131**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Tyrone Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tyrone Edwards**

**6/1/96**

**305-373-8633**

Date

Daytime Phone #