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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004301 (8)

1. Corporation Name

NATIONAL DOMINO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3103 N HOWARD AVE.
TAMPA FL 3360743907 N DALE MABRY HWY.
STE. 201
TAMPA FL 33618-24113. Date Incorporated or Qualified
09/23/19933a. Date of Last Report
03/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOONEY, MARK F

43907 N DALE MABRY HWY.

STE. 201

TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1211 W. Fletcher Ave.

83

84 City

Tampa

FL

85

Zip Code

33618

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	PD	<input type="checkbox"/> DELETE
NAME	MATASSINI, PAT	
STREET ADDRESS	C/O 13907 N DALE MABRY HWY., STE. 201	
CITY-ST-ZIP	TAMPA FL 33618	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1211 W. Fletcher
1.4 CITY-ST-ZIP	Tampa, FL 33612

TITLE	D	<input type="checkbox"/> DELETE
NAME	PSOINOS, LOU	
STREET ADDRESS	C/O 13907 N DALE MABRY HWY., STE. 201	
CITY-ST-ZIP	TAMPA FL 33622	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1211 W. Fletcher
2.4 CITY-ST-ZIP	Tampa, FL 33612

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATASSINI, MATTHEW	
STREET ADDRESS	C/P 13907 N DALE MABRY HWY., STE. 201	
CITY-ST-ZIP	TAMPA FL 33618	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1211 W. Fletcher
3.4 CITY-ST-ZIP	Tampa, FL 33612

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97

Date

Daytime Phone # 0048457

CR2E037 (9/96)