FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N93000004301 (8)

NATIONAL DOMINO ASSOCIATION, INC.

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Principal Place of Business Mailing Address				
3103 N. HOWARD AVE. TAMPA FL 33607	1211 W. FLETCHER AVE. TAMPA FL 33612-3363			3. Date Incorporated or Qualified 09/23/1993
	US			4. FEI Number Applied For
				59-3203558 Not Applicable
2. Principal Place of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
21	26			Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		·	6. Election Campaign Financing \$5.00 May Be
22	27			Trust Fund Contribution Added to Fees
City & State	City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country	28	Cour	trv	
├ ─	29	30		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	Current Registered Agent	1301		10. Name and Address of New Registered Agent
y, tunio and realised of current to grade our agent			31 Name	
MOONEY, MARK F		-		
1211 W. FLETCHER AVE.		l'	32 Street Addi	ress (P.O. Box Number is Not Acceptable)
TAMPA FL 33612		ļ.	33	
1		-	34 City	■ 85 Zip Code
			' '	FL
11. Pursuant to the provisions of Sections 6	17.0502 and 617.1508, Florida Statu	tes, the ab	ove-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept th	e obligations of, Section 617.0503, Fl	orida Statu	tes.	Rions board of directors. Thereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of region 12. OFFICE	RS AND DIRECTORS (NO.	TE: Registered	Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	DELETE	1,1 1/1	F	Change Addition
NAME MATASSINI, PAT		1,2 NA		
STREET ADDRESS 1211 W. FLETCHER			EET ADDRESS	
CITY-ST-ZIP TAMPA FL			r-ST-ZiP	
TITLE D	DELETE	2.1 111		Change Addition
NAME PSOINUS, LOU		2.2 NA	AE	500002575785- 2 -06/30/9801022005
STREET ADDRESS J211 W. FLETCHER	ET ADDRESS 1211 W. FLETCHER		EET ADDRESS	-U6/3U/38U1U22UU/5
CITY-ST-ZIP TAMPA FL	3. /	2. 4 CI	Y-ST-ZIP	*****61.25 *****61.25
TITLE D	DELETE	3.1 TIT	.E	Change Addition
NAME MATASSINI, MATTHEW	, ,	3.2 NAI	AE	
STORET ADDRESS 1211 W. FLETCHER		3.3 STF	EET ADDRESS	
CITY-ST-ZIP TAMPA FL			Y-ST-ZIP	
THE Decese 7 cins	IN SELETE	4.1 7(7)		Change Addition
NAME STREET ADDRESS 12.11 4 7/01	cher	4, 2 NA	ME	
1 1 1 -1 / 3	E/1		EET ADDRESS	
<u> </u>	DELETE DELETE		(-ST-ZIP	Change Addition
Soins Lou	_ DELETE	5.1 TIT	I	_ Grange
NAME STREET ADDRESS 10 11 W 7/61 her			EET ADDRESS	△↑
1 - 50 (25)	j		r-St-ZIP	/, 1,9
TITLE	☐ DELETE	5.4 CTI		Change Addition
NAME	<u> </u>	6.2 NAI		' _{L'} . = , <u>=</u>
STREET ADDRESS			EET ADDRESS	U
CITY-ST-ZIP			r-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.

MOTACCINI

4-27-98