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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N93000004746 (4)

MID - FLORIDA WRESTING ASSOCIATION, INC.

FILED Apr 30 1997 8:00am Secretary of State



	e of Business	Mailing Address				
•		_				
3966 LAKE MIR ORLANDO FL 3		3966 LAKE MIRA Orlando Fl. 321				
					3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 04/12/1996
2. Principal Pl	ace of Business	2a. Mailing Addi	:08S		4. FEI Number	Applied For
21		26			59-3149395	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #.	, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be
23	-	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for	
4	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New F	legistered Agent
	- DIGITARD 6			81 Name		
DEHLER, RICHARD F 3966 LAKE MIRA DRIVE ORLANDO FL 32817-1646				82 Street A	Address (P.O. Box Number is Not Accept	able)
				83	······································	
UHLANL	JU FL 32817-1040					
				B4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Flori	da Statutes, the	e above-named	corporation submits this statement for the	purpose of changing its registered
office of re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such char ations of, Section 617	nge was author .0503, Florida S	ized by the corp Statutes.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			· · · · · · · · · · · · · · · · · · ·	required when reinstating)	DATE
12.	OFFICERS AN			13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	V	L., U	ELETE i	.1 TITLE	V , , ,	Change Addition
					Armed Risks	/ n
	PROSUCH, RICHARD C	IT ND	•	.2 NAME	Prosuch, Riphar	/c.
STREET ADDRESS	1568 MAGARETTE CRESCEN	IT DR	1	.3 STREET ADDRESS	Prosuch, Righard 2051 Person Ct	/ C.
STREET ADDRESS CITY-ST-ZIP	1568 MAGARETTE CRESCEN APOPKA FL		1	.3 STREET ADDRESS .4 CITY-ST-ZIP	Prosuch, Riphari 2051 Pernod CE Aforka, FL 32	703 Channe H Addition
CITY-ST-ZIP TITLE	1568 MAGARETTE CRESCEN APOPKA FL SD		1 1 ELETE 2	.3 STREET ADDRESS .4 CITY-ST-ZIP .1 TITLE	Prosuck, Riphar 2051 Pernod Clar Afopka, FL 32 Weight William	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1568 MAGARETTE CRESCEN APOPKA FL SD DEANGELO, RANDY C. 2218 STONEMILL DR ORLANDO FL	D	1 1 1 1 1 2 2 2 2 2 2	.3 STREET ADDRESS A CITY-ST-ZIP 1 TITLE 2 NAME	Prosuch, Riphari 2051 Pernod Ct. Afopka, FL 32 Wright William 3640 Aleatha Or Daytona Brach, Fa	Machange ☐ Addition Ye 32114
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i. 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 chapted, or an an exact with an address.

SIGNATURE: Kurk

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 001734