


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90014 021 ****61.25

0017862

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004746					
1. Corporation Name MID - FLORIDA WRESTLING ASSOCIATION, INC.					
Principal Place of Business 3966 LAKE MIRA DRIVE ORLANDO FL 32817-1646			Mailing Address 3966 LAKE MIRA DRIVE ORLANDO FL 32817-1646		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/14/1993	
				4. FEI Number 59-3149395	
				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 DEHLER, RICHARD F 3966 LAKE MIRA DRIVE ORLANDO FL 32817-1646				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SHULTZ, RONALD N				1.2 NAME			
STREET ADDRESS 4304 S KIRKMAN RD APT 101				1.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32811				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WRIGHT, WILLIAM				2.2 NAME			
STREET ADDRESS 364 ALEATHA DR				2.3 STREET ADDRESS			
CITY-ST-ZIP DAYTONA BCH FL				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DEHLER, RICHARD F				3.2 NAME			
STREET ADDRESS 3966 LAKE MIRA DRIVE				3.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32817				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HEWITT, MARK				4.2 NAME			
STREET ADDRESS 3167 WINDCHIME CIR S				4.3 STREET ADDRESS			
CITY-ST-ZIP APOPKA FL				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GARBER, WAYNE				5.2 NAME			
STREET ADDRESS 12608 BIRCHBARK CT				5.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SCOTT, NAGLE				6.2 NAME			
STREET ADDRESS 5011 LOBLOLLY BAY LN				6.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL				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: **Richard F. Dehler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 99 **407 628-1810**
Date Daytime Phone #

CR2E037 (11/98)