


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000926 (5) 1. Corporation Name CENTRAL FLORIDA SPORTS ACADEMY, INC.					
Principal Place of Business 2895 S-ORLANDO DRIVE SANFORD FL 32773			Mailing Address 2895 S-ORLANDO DRIVE SANFORD FL 32773-5313		
2. Principal Place of Business 21 1016 Gammage Point Suite, Apt. #, etc. 22 Oviedo, FL. City & State 23 32765 Zip Country		2a. Mailing Address 26 1016 Gammage Point Suite, Apt. #, etc. 27 Oviedo, FL. City & State 28 32765 Zip Country		3. Date Incorporated or Qualified 02/21/1994	
				3a. Date of Last Report 03/21/1996	
				4. FEI Number 59-3223941	
				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	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARTINET, GARY 2895 S-ORLANDO DRIVE SANFORD FL 32773			10. Name and Address of New Registered Agent 81 Name Steve Morton 82 Street Address (P.O. Box Number is Not Acceptable) 1016 Gammage Point 83 Oviedo 84 City FL 85 Zip Code 32765		
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 X Steve Morton Steve Morton (Director) 4-21-97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINET, GARY 2895 S-ORLANDO DRIVE SANFORD FL 32773	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Patrick, Kenneth L. 881 Paddington Terrace Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORTON, STEVE 1016 GAMMAGE POINT OVIEDO FL 32765	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, ROBERT 6527 LAJOLLA ST. ORLANDO FL 32818	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X Gary Martinet GARY Martinet 4-21-97 407-322-7622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014732</small>					

CR2E037 (9/96)