FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR -8 AM 11:20
ETARY OF STATE
HASSEE, FLORIDA

DOCUMENT # N94000001933 (0)

1. Corporation Name
SOUTHERNMOST HOCKEY CLUB, INC.

000001426850
-03/10/95--01092--013
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2026 STAPLES AVE KEY WEST FL 33040	2026 STAPLES AVE KEY WEST FL 33040

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report: 2/5/95
4. FEI Number: 65-0479036 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CUNEO, EDWARD J
2026 STAPLES AVE
KEY WEST FL 33040

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CUNEO, EDWARD J	1.2 NAME		
STREET ADDRESS	2026 STAPLES AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	V/P DIRECTOR	☐ Change ☒ Addition
NAME		2.2 NAME	STEVE JAMES	
STREET ADDRESS		2.3 STREET ADDRESS	709 EMMA ST.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		3.1 TITLE	S/D DIRECTOR	☐ Change ☒ Addition
NAME		3.2 NAME	EDWARD M. TAUSCHE	
STREET ADDRESS		3.3 STREET ADDRESS	2322 HARRIS ST. #3	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		4.1 TITLE	T/D DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME	RICHARD L. JOHNSTON	
STREET ADDRESS		4.3 STREET ADDRESS	6531 MALONEY AVE #9	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] RICHARD L. JOHNSTON 2/5/95 305-293-9878
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0007001