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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001933 (0)

1. Corporation Name

SOUTHERNMOST HOCKEY CLUB, INC.

Principal Place of Business

2026 STAPLES AVE  
KEY WEST FL 33040

Mailing Address

2026 STAPLES AVE  
KEY WEST FL 33040-37363. Date Incorporated or Qualified  
04/19/19943a. Date of Last Report  
04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

4. FEI Number

65-0479036

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNEO, EDWARD J  
2026 STAPLES AVE  
KEY WEST FL 33040

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

TITLE PD  
NAME CUNEO, EDWARD J  
STREET ADDRESS 2026 STAPLES AVE  
CITY-ST-ZIP KEY WEST FL 33040☐ DELETETITLE VP/D  
NAME SCHILSON, SCOTT  
STREET ADDRESS 3713 PEARLMAN COURT  
CITY-ST-ZIP KEY WEST FL 33040☐ DELETETITLE SD  
NAME MIRACLE, ROBERT  
STREET ADDRESS 801 EISENHOWER DRIVE #1  
CITY-ST-ZIP KEY WEST FL 33040☐ DELETETITLE TD  
NAME KICKLIGHTER, DAVID  
STREET ADDRESS 2919 SEIDENBERG AVENUE  
CITY-ST-ZIP KEY WEST FL 33040☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024551

CR2E037 (9/96)