

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90078 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001933

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0479036	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CUNEO, EDWARD J				81 Name	
2026 STAPLES AVE				82 Street Address (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040				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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARACLE, ROBERT		1.2 NAME	EDWARD J. CUNEO	
STREET ADDRESS	801 EISENHOWER DR		1.3 STREET ADDRESS	2026 STAPLES AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNEO, EDWARD J		2.2 NAME	JOHN RIVAS	
STREET ADDRESS	2026 STAPLES AVE		2.3 STREET ADDRESS	3202 RIVIERA DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLAUS, DIANE		3.2 NAME	CAROLYN WALKER	
STREET ADDRESS	1321 ANGELZA ST		3.3 STREET ADDRESS	19521 AZTEC STREET	
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP	SUGARLOAF KEY, 33042	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPAS, DOUGLAS		4.2 NAME	CAPAS, DOUGLAS	
STREET ADDRESS	2308 LINDA AVE		4.3 STREET ADDRESS	2308 LINDA AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Cuneo
REQUIRED

1/21/99

(305) 293-8988

CR2E037 (11/98)