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Secretary of State

02-27-1999 90030 003 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003317

1. Corporation Name
PALMETTO WRESTLING CLUB, INC.

125171 90030 3

Principal Place of Business C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 550 MIAMI FL 33156	Mailing Address C/O THOMAS E. KRAUSE ATTORNEY 9700 S DIXIE HWY SUITE 550 MIAMI FL 33156
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 06/20/1996	4. FEI Number 65-0684278	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	25	29	30	

9. Name and Address of Current Registered Agent
KRAUSE, THOMAS E
9700 S DIXIE HWY #550
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, THOMAS	1.2 NAME	
STREET ADDRESS	9675 SW 69TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, AUGUSTIN	2.2 NAME	Tim Coletis
STREET ADDRESS	8540 SW 104 STREET	2.3 STREET ADDRESS	7900 SW 133RD ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHENBACH, ROBERT	3.2 NAME	RICK FREIBURG
STREET ADDRESS	9280 SW 140 STREET	3.3 STREET ADDRESS	6401 SW 96th ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	PINE CREST FL 33156
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MILTON	4.2 NAME	
STREET ADDRESS	4501 VENERA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROGA, MARIO	5.2 NAME	
STREET ADDRESS	18553 TIFFANY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, JOAN	6.2 NAME	JERRY MEGNA
STREET ADDRESS	7360 SW 136 STREET	6.3 STREET ADDRESS	7360 SW 116 Terrace
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33156

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 REQUIRED **2/2/99 305-374-1521**

CR2E037 (1/98)