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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.

1 2 5 1 7 1
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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/20/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0684278

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAUSE, THOMAS E
9700 S DIXIE HWY #550
MIAMI FL 33156

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KRAUSE, THOMAS**
STREET ADDRESS **9675 SW 69TH AVE.**
CITY-ST-ZIP **MIAMI FL 33156**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V DOMINGUEZ, AUGUSTIN**
STREET ADDRESS **8540 SW 104 STREET**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **President & Director**
2.3 STREET ADDRESS **Tim Coletis**
2.4 CITY-ST-ZIP **7900 SW 133RD ST**

TITLE ☐ DELETE
NAME **S REICHENBACH, ROBERT**
STREET ADDRESS **9280 SW 140 STREET**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Rick Freyberg**
3.4 CITY-ST-ZIP **6401 SW 96th St**

TITLE ☐ DELETE
NAME **D FISHER, MILTON**
STREET ADDRESS **4501 VENERA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D QUIROGA, MARIO**
STREET ADDRESS **18553 TIFFANY DRIVE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BRAVO, JUAN**
STREET ADDRESS **7360 SW 136 STREET**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Director**
6.3 STREET ADDRESS **Jerry Megna**
6.4 CITY-ST-ZIP **7361 SW 116 Terrace**

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 (11/98)