


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000003330 (5)**
1. Corporation Name

**THE PLANET ICE YOUTH HOCKEY ASSOCIATION OF THE P
ALM BEACHES, INC.**

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| Principal Place of Business 8738 SOUTHEAST RIVERFRONT TERRACE TEQUESTA FL 33469 | Mailing Address 8738 SOUTHEAST RIVERFRONT TERRACE TEQUESTA FL 33469-1813 |
|---|--|



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|---|--|--|--|---|--|---|--|
| 2. Principal Place of Business 21 3960 RCA Boulevard Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. Box 33148 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 06/21/1996 | | 3a. Date of Last Report N/A | |
| 22 City & State 23 Palm Beach Gardens, FL | | 27 City & State 28 Palm Beach Gardens, FL | | 4. FEI Number 65-0674048 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 24 Zip 33410 | | 25 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 29 Zip 33420 | | 30 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | 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 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 | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | FREEMAN, MICHAEL SR. | | | 1.2 NAME | Babin, Kathy | | |
| STREET ADDRESS | 8738 SOUTHEAST RIVERFRONT TERRACE | | | 1.3 STREET ADDRESS | 10102 Dahlia Avenue | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | | 1.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33410 | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BYRNE, JOSEPH R | | | 2.2 NAME | Neill, Jerry | | |
| STREET ADDRESS | 8738 SOUTHEAST RIVERFRONT TERRACE | | | 2.3 STREET ADDRESS | 1623 16th Court | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | | 2.4 CITY-ST-ZIP | Jupiter, FL 33477 | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAZI, LEA ANN | | | 3.2 NAME | Hazi, Lea Ann | | |
| STREET ADDRESS | 8738 SOUTHEAST RIVERFRONT TERRACE | | | 3.3 STREET ADDRESS | 8776 Man-O-War Road | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | | 3.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 4.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RAPPAPORT, RICHARD | | | 4.2 NAME | Rappaport, Richard | | |
| STREET ADDRESS | 8738 SOUTHEAST RIVERFRONT TERRACE | | | 4.3 STREET ADDRESS | 10238 Allamanda Circle | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | | 4.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33410 | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | FREEMAN, AGI | | | 5.2 NAME | Giannone, Pam | | |
| STREET ADDRESS | 8738 SOUTHEAST RIVERFRONT TERRACE | | | 5.3 STREET ADDRESS | 141 Puffin Court | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | | 5.4 CITY-ST-ZIP | Royal Palm Beach, FL 33411 | | |
| 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 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]

RECEIVED

Lea Ann Hazi 6/10/97

561-694-2908

CR2E037 (9/96)