FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

POCUMENT #

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS N96000003750 (4)

FILED Apr 24 1998 8:00am Secretary of State

421.88

	TORING	BOXING	G, INC.												
Pr	incipal Place	of Busines	s		Ma	iling Address							1111 04111 00	18 0 7 1111 12397 0	1111 4011 1001
8214 S.W. 14TH COURT NORTH LAUDERDALE FL 33068					8214 S.W. 14TH COURT NORTH LAUDERDALE FL 33068					Date Incorporated or Qualified 07/15/1996					
											4.	FEI Number			plied For
2. Principal Place of Business						2a. Mailing Address						65-0694693			ot Applicable
21	THICIDAL FRACE OF BUSINESS				26						5.	Certificate of Status Desired		\$8.75 / Fee Re	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				_		6.	Election Campaign Financing		\$5.00	1
22	2				27							Trust Fund Contribution		Added to	
Į.	City & State					City & State					7.	Is this nonprofit corporation a ho			n?
23	7:-	T 00-11-1			Zip Cou			Countr			······			_l No	
Ь,	Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
24 25 29 30 9. Name and Address of Current Registered Agent											10.	Name and Address of New Re			1110
A. Maria and Manage of Agricult Malacetan Maria										Name					
	LAMONT & NEIMAN, P.A.								╁	Street Addre	ee (P	P.O. Box Number is Not Acceptate	ile)		
	ONE BISCAYNE TOWER							L		Oll Colt Madre	.,	1.0. Box Hambor is Not Nooplas	,,,,,		
ŀ	SUITE 3550							83	3						
	miami fl	. 33131						84	+	City				85 Zip (Code
<u> </u>	Durauant t	a tha araide	ions of Costions 617	7.0502.00	d 61	7 1509 Florida Statu	ites th	e abou		named corpo	ratio	on submits this statement for the r	Urpose of	changing it	s registered
l ''	office or re	egistered aç	ent, or both, in the	State of F	lorid	a. Such change was Section 617 0503 El	autho	rized b	y t	the corporatio	n's k	on submits this statement for the p board of directors. I hereby accep	ot the app	ointment as	registered
l .		ri idilililai m	in, and accept the s	voi Ŝerroi	10 0	0000010110110000,11	io iou	Çiaioi.							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinst													DATE		
12			OFFICERS	S AND D	REC			13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	S IN 12
	'LE	D	, THOMAS P			☐ DELETE		I.1 TITLE						☐ Cliainge	Addition
	ME DEET ADODESS		W. 14TH COURT					1.2 NAME 1.3 STREET ADDRESS							
	STREET ADDRESS 8214 S.W. 141H COU							1.4 CITY-ST-ZIP							
_	ILE	D	<u> </u>			☐ DELETE	_	1 TITLE						Change	☐ Addition
N	IME .	JONES,	ELLEN				1	2.2 NAME							
ST	TREET ADDRESS 8214 S.W. 14TH COURT				' -			2.3 STREET ADDRESS							
CI	Y-ST-ZIP NORTH LAUDERDALE FL 33			33068				2.4 CITY-ST-ZIP							
ווד	ILE	D				☐ DELETE	- 13	3.1 TITLE				*		L_ Change	Addition
	ME		, JOSEPH					3.2 NAME							
1 -	reet address		W. 14TH COURT LAUDERDALE FL	22000						ADDRESS					
-	TY-ST-ZIP TLE	HUNIN	LAUDENDALE FL	33000		DELETE	_	3.4. CITY 4.1 TITLE		-ZIP				☐ Change	Addition
	IME							. 2 NAMI							_
	REET ADDRESS									ADORESS					
	TY-ST-ZIP							4.4 CITY-							
	ILE			•		☐ DELETE	_	5.1 TITLE						Change	Addition
N/	ME						:	5.2 NAME							
ST	reet address						:	5.3 STREE	ET A	ADDRESS					
CF	TY-ST-ZIP							5.4 CITY-	ST-	- ZIP					T 4 4 100
	FLE					☐ DELETE		5.1 TITLE						Change	Addition
	ME							6.2 NAME							
_	REET ADDRESS									ADDRESS					
H.	TY-ST-ZIP	ertify that th	e information suppli	ed with	his f	Jing does not qualify (exem			ection	ion 119.07(3)(i), Florida Statutes. I	further ce	ertify that the	information
	officer or o	director of the	ual report or suppler ne corporation or the if changed, or on ar	e redeive	r or A	rustee empowered to	curate execu	and the this	hat s re	t my signature aport as requi	sha red l	ion 119.07(3)(i), Florida Statutes. I all have the same legal effect as i by Chapter 617, Florida Statutes;	f made un and that i	der oath; th my name ap	at I am an pears in