## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCU 1. Corporatio	IMENT # <b>N9600</b>	<i>)</i> 0004244 (7)	)				
ICELAND GLADERUNNERS TRAVEL HOCKEY, INC.							
1		Malling Address		7 (951110) Ble verig 5 your co	1 BUILI SEIN SENT STORE		
17920 FIELDBROOK CIRCLE 17920 FIELDBROOK CIRCLE BOCA RATON FL 33496 BOCA RATON FL 33496		17920 FIELDBROOK CIRCLE	.E	3. Date Incorporated or Qualified	<u> </u>	<del></del>	
		BOCA HATON FL 33496		08/14/1996			
	•			4. FEI Number		Applied For	
9 Principal E	Place of Business	2a Mailing Address		65-0685665		Not Applicable	
2. Principal P	'IBC8 Or Dusiness	2a. Mailing Address	<b>├</b>			75 Additional	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				PRequired  May Be	
22		27	27			d to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
23	1 Ocusto	28	1 0		Yes No	<del></del> -	
Zip 24	Country	Zip	Country	8. This corporation owes or has g		r Intangible No	
24]	25 25 9. Name and Address of Curren		[30]	Personal Property Tax due Jun  10. Name and Address of New R	·· · · · ·	NO NO	
<del></del>			81 Name				
AMERIL/	AWYER CHARTERED		62 Street A	Address (P.O. Box Number is Not Accepte	ahla)		
	MERIA AVENUE			TOOLESS (F.O. DOX NUMBER IS NOT ACCORD	1016;		
CORAL	GABLES FL 33134		63				
			84 City	<del></del>	<b> 85</b> Z	Zip Code	
44 Purouph	to the annual and Continue 617 OEC			After the Ship shate and for the	FLII	•	
office or r	registered agent, or both, in the State	of Florida. Such change was a	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby accor-	purpose of changin ept the appointment	ig its registered as registered	
l	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes.			-	
SIGNATURE .	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	E: Registered Agent signature r	required when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI			
TITLE	PD DOORD	☐ DELETE	1.1 TITLE		☐ Chan	ge Addition	
NAME	LEBLANC, ROGER		1.2 NAME				
STREET ADDRESS	17920 FIELDBROOK CIRCLE		1.3 STREET ADORESS				
CITY-ST-ZIP TITLE	BOCA RATON FL 33496		1.4 CITY-ST-ZIP				
NAME	ANDERSON, KIM	I I DELETE	9 4 TITI E		Chan	noitibha ac	
STREET ADDRESS		☐ DELETE	2.1 TITLE		Chan	ge Addition	
· · · · · · · · · · · · · · · · · · ·		☐ DELETE	2.2 NAME		☐ Chan	ge Addition	
CITY-ST-ZIP	417 NW 107 AVENUE CORAL SPRINGS FL 33071	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS		☐ Chan	ge Addition	
	417 NW 107 AVENUE CORAL SPRINGS FL 33071 STD	☐ DELETE	2.2 NAME		☐ Chang		
CITY-ST-ZIP	417 NW 107 AVENUE CORAL SPRINGS FL 33071 STD GAINES, MIKE	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	417 NW 107 AVENUE CORAL SPRINGS FL 33071 STD GAINES, MIKE 6944 PALMETTO CIRCLE SOL	☐ DELETE	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE				
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14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 changes for on an attachment of the receiver of the corporation of the receiver of the receiv

Mar 05 1998 8:00am

Secretary of State