

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001996 (4)**

1. Corporation Name

ST. PETERSBURG HURRICANE CLASSIC FOUNDATION, INC



Principal Place of Business C/O MICHAEL D. ALLWEISS, ESQ. 111 - 2ND AVENUE, N.E., SUITE 620 ST. PETERSBURG FL 33701		Mailing Address C/O MICHAEL D. ALLWEISS, ESQ. 111 - 2ND AVENUE, N.E., SUITE 620 ST. PETERSBURG FL 33701		3. Date Incorporated or Qualified 04/09/1997	
2. Principal Place of Business 21		2a. Mailing Address 28		4. FEI Number 59-3454903	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 26		Country 29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 27		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALLWEISS, MICHAEL D ESQ. 111 - 2ND AVENUE SUITE 620 ST. PETERSBURG FL 33701				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Allweiss	1.2 NAME	
STREET ADDRESS	111 2nd Avenue Suite 620	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33701 D	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark LaPrade	2.2 NAME	
STREET ADDRESS	3433 Tyrone Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33710 D	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary King	3.2 NAME	
STREET ADDRESS	645 49th St. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33707 D	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave Coover	4.2 NAME	
STREET ADDRESS	10925 Gulf Blvd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Treasure Island, FL 33706 D	4.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliott Ross	5.2 NAME	
STREET ADDRESS	20505 US Highway 19 N	5.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33764 D	5.4 CITY-ST-ZIP	
TITLE	Secretary/Treasure <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Stross	6.2 NAME	
STREET ADDRESS	54 Corey Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	St. Pete Beach, FL 33706 D	6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ 4298 813-367-8671

CR2E037 (10/97)