

FILE NOW: FILING FEE IS \$61.

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katheline Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003536

1. Corporation Name
THE FLORIDA STATE BOXING Foundation, INC
707 E. Kennedy Blvd
TAMPA, FL 33602

Principal Place of Business Mailing Address
707 E. Kennedy Blvd
TAMPA, FL 33602

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2032 MASS. AVE N.E.	26 Suite, Apt. #, etc.	6-18-97
22 City & State	27 City & State	4. FEI Number
23 ST. PETE FL	28 Zip	59-3455935
24 33703	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 USA	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVID L. WATSON 707 E. Kennedy Blvd. TAMPA, FL 33602	81 Name BRAGG CRANE 82 Street Address (P.O. Box Number Is Not Acceptable) 2032 MASS. AVE N.E. 83 City 84 ST. PETE FL 85 Zip Code 33703

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 Bragg Crane DATE 10-14-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEL DICK	1.2 NAME	BRAGG CRANE
STREET ADDRESS	1600 NW 163rd ST	1.3 STREET ADDRESS	2032 MASS. AVE N.E.
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	ST. PETE FL 33703
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V-PRER
NAME	HANK KAPLAN	2.2 NAME	TINA CRANE
STREET ADDRESS	10240 SW 87th ST.	2.3 STREET ADDRESS	2032 MASS. AVE N.E.
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	ST. PETE FL 33703
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL COHRS	3.2 NAME	LINDA TINNER
STREET ADDRESS	4000 NW Country Rd #235	3.3 STREET ADDRESS	3814 W. Pearl AVE
CITY-ST-ZIP	Newberry, FL 32699	3.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLIE HORN	4.2 NAME	DON CRANE
STREET ADDRESS	RT. 1 BOX 942	4.3 STREET ADDRESS	10155 LAKEVIEW DR
CITY-ST-ZIP	TLH, FL 32312	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK VISCONTI	5.2 NAME	CHRIS PARKER
STREET ADDRESS	2928 Wellington CR. ST 201	5.3 STREET ADDRESS	184 97th AVE NE
CITY-ST-ZIP	TLH, FL 32308	5.4 CITY-ST-ZIP	ST. PETE FL 33702
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Jones	6.2 NAME	400003027334-2
STREET ADDRESS	225 NEW BURYPORT AVE	6.3 STREET ADDRESS	10/28/99-01003-009
CITY-ST-ZIP	ATAMUNTE Springs FL 32011	6.4 CITY-ST-ZIP	*****61.25

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 without other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOXING OFFICER OR DIRECTOR

10-18-99 8502223471
Date Daytime Phone #

CR2E037 (11/98)

To: Dept. Of State
Division of Corporations

Date: 10-15-99

Please re-instate the corporation, after speaking to your division we determined that our renewal letters were returned to you since we moved with no forwarding address.

Sorry for any confusion,

Bragg C. Crane

A handwritten signature in cursive script, appearing to read "Bragg", followed by a horizontal line.