## 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
DOCUMENT #

N9700006508 (2)

NATIONAL PROFESSIONAL ATHLETES COMMITTEE, INC.

TATIONAL FROI EGOIONAL ATTALETES GOTTAMAT FELL MO								
Principal Place of Business			Mailing Address					T (DOURSON DID HOUR HOUR BOOK DOUR DEALT BOOK) DEALT BOOK DURCH BOOK BOOK HOUR HOUR
673 LAKE BLVD. FT. LAUDERDALE FL 33326			673 LAKE BLVD. FT. LAUDERDALE FL 33326					3. Date Incorporated or Qualified  11/17/1997  4. FEI Number  (5 - 0 7 9 51 8 3   Not Applicable
2. Principal Place of Business			2e. Mailing Address					Certificate of Status Desired     \$8.75 Additional Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State			City & State					7. Is this nonprofit corporation a homeowners association?
Zip Country			Zip Country			ry		8. This corporation owes or has paid the current year Intancible
24	25 29 30 30 9. Name and Address of Current Registered Agent			т		<del> </del>	Personal Property Tax due June 30. Yes You 10. Name and Address of New Registered Agent	
	S. Name and Rudises of Ourisi	it riegii	Noted Agent		81	1	Name	10. Italia and Madisos of Non Hogarias Agent
MYLES, GODFREY					81	2	Street Add	dress (P.O. Box Number is Not Acceptable)
673 LAKE BLVD. FT. LAUDERDALE FL 33326					8	3		
F1. D401	DERIDALE PL 35520				84	4	City	85 Zip Code
11. Pursuant i	to the provisions of Sections 617.050	2 and 6	817.1508, Florida Statu	ites, th	e abo	V8-1	named co	exporation 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	Dolfing Kugles		Gody	'eu	1	1.	<u>ales</u>	
Bignature, typid or golfeti namy it registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.						gent	eQuature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP GATIOLAN	DITTE	DELETE		1.1 TITLE			Change Addition
NAME	MYLES, GODFREY	13			1.2 NAME	E		
STREET ADDRESS				1.3 STREI	ET AL	DDRESS		
CITY-ST-ZIP				1.4 CITY- 2.1 TITLE		ZIP	Change Addition	
TITLE				2.1 IIILE 2.2 NAME				
STREET ADDRESS	673 LAKE BLVD.					2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33326				2. 4 CITY-ST-ZIP			
TIFLE	501				3.1 TITLE			Change Addition
NAME	1117-02-01				3.2 NAME			
STREET ADORESS	PP LANDPODALE EL AAAAA			3.3 STREET ADDRESS 3.4. City-St-Zip				
CFTY-ST-ZNP TITLE				4.1 TITLE		-20	☐ Change ☐ AddItion	
NAME	4.2			4. 2 NAM	!E			
STREET ADDRESS				- 14	4.3 STREI	ET AI	DORESS	
CITY-ST-ZIP				4.4 City-St-ZiP 5.1 Title		ZIP	Change Addition	
TITLE NAME	<del>-</del>			5.2 NAME			Compt.	
STREET ADDRESS					5.3 STREI		DORESS	
CITY-ST-ZIP					5.4 CITY	- 51-	ZIP	
TITLE	_		6.1 TITLE			LI Change LI Addition		
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREI			
14. I hereby c	ertify that the information supplied w	ith this	filling does not qualify	for the	exem	ntic	on eteted i	in Section 119.07(3)(i), Florida Statutes. I further certify that the Information
Indicated on this annual report or supplier with the limit of 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: Silling William HOURS 4-27-9

CR2E037 (10/97

**FILED** 

May 08 1998 8:00am

Secretary of State