SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 OCT 11 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003234

Corporation Name
THE SOUTHERN U.S. HOCKEY FOUNDATION, INC.

613478 - 90006 - 26

Principal Place of Business	Mailing Address
167 CYPRESS POINT DRIVE PALM BEACH GARDENS FL 33418	167 CYPRESS POINT DRIVE PALM BEACH GARDENS FL 33418

9/8/99 90006 006 $61.25

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26 Box 31632	06/05/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0344643 ☐ Applied For ☐ Not Applicable
City & State	City & State 28 Palm Beach Gardens FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 25	Zip 29 33420-1632 Country USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: Dory Grobins 82 Street Address (P.O. Box Number is Not Acceptable): 167 Cypress Point Drive 83 84 City: Palm Beach Gardens FL 85 Zip Code: 33418

1. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Dory Grobins 9-1-1999
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

11. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	MALAK, DONALD	1.2 NAME	Andris Grobins
STREET ADDRESS	167 CYPRESS POINT DRIVE	1.3 STREET ADDRESS	592 Riverside Ln
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	VD ☒ DELETE	2.1 TITLE	TD & SD ☒ Change ☐ Addition
NAME	MALAK, TERRI	2.2 NAME	Dory Grobins
STREET ADDRESS	167 CYPRESS POINT DRIVE	2.3 STREET ADDRESS	167 Cypress Point
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	SD ☐ DELETE	3.1 TITLE	VPD ☒ Change ☐ Addition
NAME	GROBINS, DORY	3.2 NAME	Nathan Grobins
STREET ADDRESS	167 CYPRESS POINT DRIVE	3.3 STREET ADDRESS	167 Cypress Point
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	TD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENLIEB, JENNIFER	4.2 NAME	
STREET ADDRESS	167 CYPRESS POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Dory Grobins 9/1/99 561-630-3001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

KE