

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005505

1. Corporation Name

MIAMI CONTENDER YAMAHA KINGFISH CHAMPIONSHIP, IN
C.

Principal Place of Business

1492 W FLAGLER STREET STE 200
MIAMI FL 33135

Mailing Address

1492 W FLAGLER STREET STE 200
MIAMI FL 33135

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/23/1998	
22 City & State		27 City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		30 <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

STORMONT, RAY
1492 W FLAGLER STREET STE 200
MIAMI FL 33135

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	PSTD
NAME	STORMONT, RAY	12 NAME	Stormont, Ray
STREET ADDRESS	1492 W FLAGLER STREET STE 200	13 STREET ADDRESS	1492 W. Flagler St. #200
CITY-ST-ZIP	MIAMI FL 33135	14 CITY-ST-ZIP	MIAMI, FL 33135
TITLE		21 TITLE	DIRECTOR
NAME		22 NAME	LOPEZ, MONTY
STREET ADDRESS		23 STREET ADDRESS	1492 W. Flagler St. #200
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL 33135
TITLE		31 TITLE	DIRECTOR
NAME		32 NAME	STORMONT, ANNE
STREET ADDRESS		33 STREET ADDRESS	1492 W. Flagler St. #200
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL 33135
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

(305) 541-3694

CR2E037 (11/98)