

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

95 JUN -7 AM 9:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P40614 (0)**

1. Corporation Name

**MISSION BAY SPORTS COMPLEX, INC.**

Principal Place of Business

10333 DIEGO DR. SOUTH  
 BOCA RATON FL 33420

Mailing Address

10333 DIEGO DR. SOUTH  
 BOCA RATON FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1992

3a. Date of Last Report

06/17/1994

4. FEI Number

65-0310753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

☐

**\$5.00** May Be  
 Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA ST.  
 TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | DP                      |
| NAME            | COHEN, ARTHUR           |
| STREET ADDRESS  | 3900 GALT OCEAN DR.     |
| CITY - ST - ZIP | FT. LAUDERDALE FL       |
| TITLE           | DP                      |
| NAME            | SEGUSO, ROBERT          |
| STREET ADDRESS  | 800 HARBOR DR.          |
| CITY - ST - ZIP | BOCA RATON FL           |
| TITLE           | DVPS                    |
| NAME            | COHEN, ALYSSA J.        |
| STREET ADDRESS  | 3900 GALT OCEAN DR.     |
| CITY - ST - ZIP | FT. LAUDERDALE FL       |
| TITLE           | DT                      |
| NAME            | SEGUSO, CARLING BASSETT |
| STREET ADDRESS  | 800 HARBOR DR.          |
| CITY - ST - ZIP | BOCA RATON FL           |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | 500001509455                                                      |
| 1.3 STREET ADDRESS  | -06/09/95--01022--014                                             |
| 1.4 CITY - ST - ZIP | ****225.00 ****225.00                                             |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95 407-4882001

Date

(Anytime From 8

CP2E034 (3/95)