

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P40614

(0)

1. Corporation Name

MISSION BAY SPORTS COMPLEX, INC.

Principal Place of Business

10333 DIEGO DR. SOUTH  
BOCA RATON FL 33428

Mailing Address

10333 DIEGO DR. SOUTH  
BOCA RATON FL 33428-1328

2. Principal Place of Business

21 10320 Flores Drive  
Suite, Apt. #, etc.

22 City & State  
Boca Raton, Fl.

23 Zip Country  
33428 Palm Beach

2a. Mailing Address

26 10320 Flores Dr.  
Suite, Apt. #, etc.

27 City & State  
Boca Raton, Fl.

28 Zip Country  
33428 Palm Beach

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/23/1992

3a. Date of Last Report

05/10/1996

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

10. Name and Address of New Registered Agent

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

Alyssa Cohen Alyssa Cohen UP.

4/30/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 DTSP  
NAME COHEN, ALYSSA J.  
STREET ADDRESS 3900 GALT OCEAN DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alyssa Cohen Alyssa Cohen

4/30/97

561-488-2003

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)

FILED

97 MAY -1 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

