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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000017976 (0)

SOCCER STOP, INC.

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business 1518 NORTH 3RD ST. JACKSONVILLE FL 32250 US		Mailing Address				1 IONILANA IIO CAJAN LIALI ANTIL NOLIF NOLIF ANENA HINI JOHLO JALII JARIN BALI BALI	ı innellaktı ilin casan sivili darili antılı notili darili ilinli südlü dalili sübil atılı kadı	
		1301 RIVERPLACE BLVD SUITE 1609				DO NOT MIDITE IN THIS COACE		
		JACKSONVILLE FL 3220 US	17			DO NOT WRITE IN THIS SPACE	—	
		UO				3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address			<del></del>	03/04/1993 4. FEI Number   Applied For		
21		26				4, FEI Number Applied For 59-3191900 Not Applied		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				¢0.75 tallet		
22		27				5. Certificate of Status Desired Fee Required		
City & Stat	6	City & State				6, Election Campaign Financing \$5.00 May Be	-	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	<b>Z</b> ip	Countr			8. This corporation owes or has paid the current year Intangible	$\dashv$	
24	25	29	30			Personal Property Tax due June 30.  Yes  No		
	g. Name and Address of Curi	ent Registered Agent		Ι_,		10. Name and Address of New Registered Agent	_	
PE	ek, Eugene g III			81	Name			
130	11 RIVERPLACE BLVD			82	Street Adv	dress (P.O. Box Number is Not Acceptable)	$\dashv$	
	TE 1609				Shoot Add	arood (1.10), box (aguillo) to taot Vecahtania)		
JAC	CK <b>\$O</b> NVILLE FL 32207			83				
				84	City	log 7. O. J.	_	
				**	City	FL 85 Zip Code		
onice or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	të of Florida. Such change was	authorize	ed by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	be	
SIGNATURE	Signature, typod or prefed traine of registered					ured when reinstating) DATE	_	
12.	<del></del>	ND DIRECTORS	13.	.5 /\gc	it agradore requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	DELETE	1.1 T	ITLE		Change Addit	ion	
NAME	LEVINE, MICHAEL S		1.2 N	AME		_ ·	-	
STREET ADDRESS	1518 N 3RD ST		1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4	1.4 CITY-ST-ZIP				
TITLE	DELETE		_	2.1 TITLE		☐ Change ☐ Addill	ion	
NAME	LEVINE, BARBARA F		2.2 N	AME				
STREET ADDRESS	1518 N 3RD ST		2.3.5	TREET.	ADDRESS		- 1	
CITY-ST-ZIP	JACKSONVILLE FL			ITY-S	ļ			
TITLE	AS DELETE			3.1 TITLE		Change Addit	ion	
NAME	PEEK, EUGENE G III		3.2 N	AME		, _		
STREET ADDRESS	1301 RIVERPLACE BLVD SU	JITE 1609	3.3 S	TREET	ADDRESS			
CITY+ST-ZIP	JACKSONVILLE FL			ITY-S				
TITLE			4.1 10			Change Additi	on	
NAME			4. 2 N	MME		. —		
STREET ADDRESS			4.3 ST	TREET	address			
CITY-ST-ZIP			1	TY-ST				
TITLE		DELETE	5.1 To		+ <del></del>	Change Additi	ion	
NAME			5.2 NAME					
STREET ADDRESS					ADDRESS	·		
CITY+ST-ZIP				ITY-SI	İ			
TITLE		DELETE	6.1 TI		- 411	Change Additi	<u></u>	
NAME		<u> </u>	62 N/		-	orange music	-"	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				IY-ST				

14. I hereby certify that the information supplied with this filling 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 two 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chargest or on an intachment with an address