**FILED** 

Sep 21, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000017976 1. Corporation Name

SOCCER STOP, INC.

Principal Place	of Business	Maili	ng Address				1			
1518 NORTH 3R	D ST.	1301	RIVERPLACE BLVD							
JACKSONVILLE FL 32250			SUITE 1609				DO NOT WRITE IN THIS SPACE			
US			JACKSONVILLE FL 32207 US				3. Date Incorporated or Qualifed		<del></del>	
		US					03/04/1993			1
			4-Was Addesos				4. FEI Number			pplied For
2. Principal Pl	ace of Business		failing Address				59-3191900			lot Applicable
21		26	Suite, Apt. #, etc.						\$8.75	Additional
Suite, Apt.	#, etc.	$\vdash$	suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee F	Required
22		27	City & State				6. Election Campaign Financing		\$5.00	May Be
City & State	e	_	Sity & State				Trust Fund Contribution			to Fees
23	Country	28		Coun	try		8. This corporation owes the cur	rent year Int	angible	
Ziρ 1		29	•	30	•		Personal Property Tax.	•	Yes	⊡No
24	9. Name and Address of Curren			<del>30</del> )			10. Name and Address of New	Registered	Agent	
	g. Hame and Address of Carrot				81	Name				
PEE	(, Eugene G III			Į,	82	A 4 4	ress (P.O. Box Number is Not Accept	able)		
1301 RIVERPLACE BLVD						Street Add	less (F.O. Box Number is Not recep	ubio,		
	E 1609			ļ.	83					
	KSONVILLE FL 32207			L					DE   7%	Code
				]	84	City		FL	.	
11 Pursuant	to the provisions of Sections 607.050	2 and 607	1.1508, Florida Statute	s, the ab	ove-	named con	poration submits this statement for the	e purpose of	changing i	is registered
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					ne corporati	on's board of directors, Thereby acce	pt ato appo		-3
	The familiary was a second sec									\
SIGNATURE	Signature, typed or printed name of registered age	nt and title if a	pplicable. (NOTE:		gent s	signature require	ed when reinstating)	DATE	ID DIRECT	CORS IN 12
12.	OFFICERS AN	ND DIREC		13.			ADDITIONS/CHANGES TO O	FFICERS A	Chang	e Addition
TITLE	DPS		☐ DELETE	1.1 TITE		77	75 1 ichael S. Levine		[j] Onang	,
NAME	LEVINE, MICHAEL S			1.2 NAA	_		518 N. 3rd St.			
_ [				1.3 STR	REET A	ADDRESS	518 N 5 31			
STREET ADDRESS	1518 N 3RD ST						אור האבד בוני נו	1 322	150	
STREET ADDRESS		-		1.4 CIT	Y-ST-		Jacksonville Beach, F	L 322	150	a I Addition I
	JACKSONVILLE FL D		☐ DELETE	1.4 CIT 2.1 TITL		- 10	Jacksonville Beach if	L 322	250 Chang	e
CITY-ST-ZIP	JACKSONVILLE FL D	-	☐ DELETE		LE	70	Jacksonville Beach if P Zarbara F. Levine	L 322	Chang	e ∐ Addition     
CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL		☐ DELÉTE	2.1 TITL 2.2 NAM	LE ME	D	Jacksonville Beach, F P Barbara F. Levine		Chang	e ∐ Addition     
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL D LEVINE, BARBARA F 1518 N 3RD ST	-	□ DELETE	2.1 TITL 2.2 NAM	LE ME REET A	ADDRESS I	Jacksonville Beach if P Zarbara F. Levine		Chang	
CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL D LEVINE, BARBARA F	-	☐ DELETE	2.1 TITL 2.2 NAM 2.3 STF	ME REET A	ADDRESS I	Jacksonville Beach, F P Barbara F. Levine		Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL D LEVINE, BARBARA F 1518 N 3RD ST JACKSONVILLE FL AS			2.1 TITL 2.2 NAN 2.3 STF 2.4 CIT	LE ME REET A TY-ST	ADDRESS I	Jacksonville Beach, F P Barbara F. Levine		Chang	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL D LEVINE, BARBARA F 1518 N 3RD ST JACKSONVILLE FL AS PEEK, EUGENE G III	E 1609		2.1 TITL 2.2 NAM 2.3 STF 2. 4 CIT 3.1 TITL 3.2 NAM	LE ME REET A TY-ST LE ME	ADDRESS I	Jacksonville Beach, F P Barbara F. Levine		Chang	
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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 607, 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:

CITY-ST-ZIP