## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000020742 (1) DOCUMENT # 1. Corporation Name

MIAMI ARENA FOOTBALL, INC.

**FILED** May 01 1996 8:00 am Secretary of State

Principal Place of Business 4411 CLEVELAND AVENUE FORT MYERS FL 33901		Mailing Address 4411 CLEVELAND AVENUE FORT MYERS FL 33901								
						3. Date incorporated or Qualified 03/10/1993	3a. Date 02	/ <del>17</del> /19	port 95	
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number 65-0392254	L		applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	D		Additional Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country 25	Ζφ <b>29</b>	Zip Country			This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent		
	NO, ANTHONY J. DYAL PALM SQUARE BLVD.				Name Street Add	ess (P.O. Box Number is Not Acceptable	e)			
SUITE 2	160			83			·····			
FUKI W	IYERS FL 33919			84	City		FL	85 Zip	Code	
SIGNATURE	h, and accept the obligations of, Sections of, Sections of Sections of the section of the sectio	nd tile il applicable. (NC		Agent	signature require	ic when reliabiling: ADDITIONS/CHANGES TO OFF				
TITLE NAME STHEET ACCRESS CHY-ST-ZIP	DP LAGESCHULTE, DAVID 4411 CLEVELAND AVENUE FORT MYERS FL	☐ DELETE		AME	ADORESS - ZIP			] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DT LYNCH, PAUL 4411 CLEVELAND AVENUE FORT MYERS FL	☐ DELETE		IAME	ADDRESS - Zip			] Change	Addition	
TITLE NAME STREET ADDRESS	DS BRAWNER, TERRY 4411 CLEVELAND AVENUE FORT MYERS FL	☐ DELETE	3 11 3.2 N 3.3 S	ITLE IAME	ADDRESS			] Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELE1E	4.1 4.2 h 4.3 S	TITLE	ADDRESS		[	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.1 5.2 M 5.3 S	TITLE NAME STREET	ADDRESS		C	] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	6.1 621 6.35	DITY-S TITLE NAME STREET DITY-S	ADDRESS		Γ	Change	Addition	
certify tha oath; that appears i	it the information indicated on this along I am an officer or director of the corpo n Block 12 or Block 13 if phanges, of s	ial report or supplemental an ration or the receiver or trusti	nished and nual report ee empow	doe:	s not qualify	for the exemption stated in Section 118 ate and that my signature shall have the nis report as required by Chapter 607, F	lorida Statut	es; and th	nat my name	
SIGNAT	TURE:	PRINTED NAME OF SIGNING OFFICE	CER OR DIRE	CTOR		9/25/96 Bare	941-	c / ) = ( laylin le Phone	,,	