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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

ST. PETERSBURG FL 33707

2. Principal Place of Business

POFF, DAVID

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

12

TITLE

NAME

THILE

NAME

THILE

NAME

Suite, Apt. #, eNIGHTSPIKER

8129 CAUSEWAY BOULEVARD

POFF, W. D

8129 CAUSEWAY BLVD., S.

ST. PETERSBURG FL

Joun Harba

VICE PROFITONE

SIGNATURE

ST. PETERSBURG FL 33707

8129 Causeway Boulevard South

City & 981 Petersburg, Florida 33707

21

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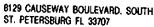
23

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P93000041567 (7)

NIGHTSPIKER FLUORESCENT VOLLYBALL, INC.

8129 CAUSEWAY BOULEVARD, SOUTH	8120 CALICENTAL BOTH STARR COLUMN
Principal Place of Business	Mailing Address



NIGHTSPIKER

8129 Causeway Boulevard South

St Petersburg, Florida 33707.

inellas

81 Name

82

83 84 City

13.

1. 1 TITLE

1.2 NAME

2. 1 TITLE

2.2 NAME

3 1 TITLE

3.2 NAME

13 STREET ADDRESS

2 3 STREET ADDRESS

24 CITY-ST-ZIP

1.4 CITY - ST- ZIP

2a. Mailing Address

33 707

☐ DELETE

DELETE

DELETE

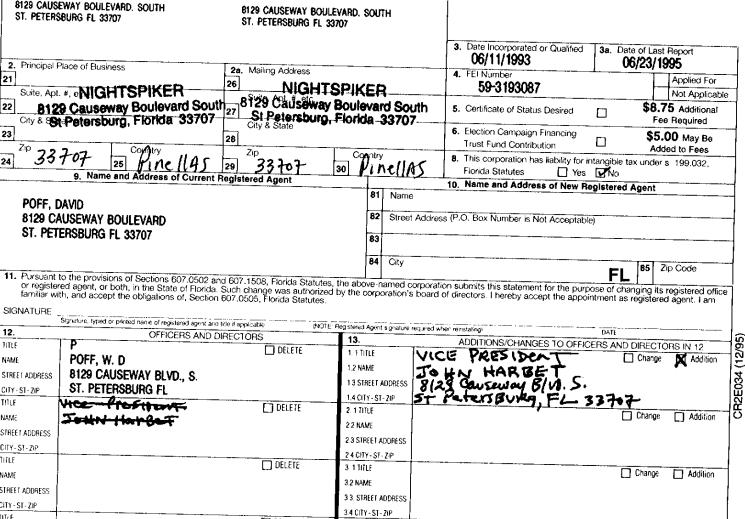
26

28

07 25 Fine 1145 29 33 to 9. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS



2-20.96 813.384.2586

3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE □ DELETE 4. 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZrP 54 City-St-ZiP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information s certify that the information indicated or oath; that I am an officer or director offit appears in Block 12 or Block 13 if by residual to the control of the certification of ed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under proportion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DIRECTOR