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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000043196 (3)**

1. Corporation Name
TAMPA BAY SPORT AND SOCIAL CLUB, INC.

[redacted]

Principal Place of Business	Mailing Address
414 N.ORLEANS SUITE 708 CHICAGO IL 60610	414 N.ORLEANS SUITE 708 CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1993**

2. Principal Place of Business	2a. Mailing Address
21 625 N. Michigan Ave.	26 625 N. Michigan Ave.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Chicago, IL	City & State 28 Chicago, IL
Zip / Country 24 60611-3109 / 25 U.S.A.	Zip / Country 29 60611-3109 / 30 U.S.A.

4. FEI Number: **36-3961791** — 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEAN, MICHELLE
333 SOUTH PLANT AVENUE
SUITE #B-5
TAMPA FL 33606

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable): 2603 Azeele ST.

93 Suite C

94 City: Tampa FL 95 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when not e-mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD THOMAS, SANDRA M 414 N. ORLEANS SUITE 708 CHICAGO IL 60610	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 625 N. Michigan Ave. Chicago, IL 60611-3109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WEIBEL, KATHERINE T 414 N. ORLEANS SUITE 708 CHICAGO IL 60610	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 625 N. Michigan Ave. Chicago, IL 60611-3109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 700002525207 -05/15/98--01049--048 5/13 ***150.00

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.

SIGNATURE: Sandra M Thomas — April 27, 1998
(ENTER PIN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #) 0506000