

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000012826

1. Corporation Name

Women's International Boxing Federation, Inc.

Principal Place of Business

2640 Hollywood Blvd.
Hollywood, FL 33020

Mailing Address

(SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

65-0483766

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 2640 Hollywood Blvd.

Suite, Apt. #, etc.

22 City & State

23 Hollywood, FL

Zip

24 33020

Country

25 USA

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

27 City & State

28 Hollywood, FL

Zip

29 33020

Country

30 USA

9. Name and Address of Current Registered Agent

BURNETT ROTH
1205 LINCOLN ROAD
SUITE 209
MIAMI BEACH, FL 33134

10. Name and Address of New Registered Agent

81 Name

(SAME)

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of a person authorized to sign this statement on behalf of the corporation

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP
5. TITLE	5.1 TITLE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP
9. TITLE	9.1 TITLE
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. TITLE	13.1 TITLE
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP
17. TITLE	17.1 TITLE
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY, ST, ZIP	20. CITY, ST, ZIP

1.1 TITLE	DIRECTOR	☐ Change ☐ Addition
2. NAME	BARBARA B. SMITH	
3. STREET ADDRESS	2640 HOLLYWOOD BLVD.	
4. CITY, ST, ZIP	HOLLYWOOD, FL 33020	
5.1 TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9.1 TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13.1 TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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:

Barbara B. Smith

Barbara B. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed

CR2E034 (5/98)