## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPÄRTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P94000043984 (1)

	CITY POOL LEAGUE, II	NC.		
Principal Place	e <b>of</b> Business	Mailing Address		4 1941.000 1/5 seril gibli gelli gelli gelli gelli gibbs (irra jail) letti Bibt (ast.
10732 GOLDEN SPIKE LANE P.O. BOX 56835				
JACKSONVILLE FL 32257 JACKSONVI		JACKSONVILLE FL 322	241	DO NOT WRITE IN THIS SPACE
00		00		3. Date Incorporated or Qualified
1				06/13/1994
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3267539 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired S8.75 Additional
22		[27]		Fee Required
City & State	θ	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes X No
24	25 25 Name and Address of Co	Urrant Registered Agent	[30]	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
. D	S, Hamband Address Cr Cr	arian registered Agent	81 Name	
	14 GOODHAN DO		<u> </u>	ROBERT M. BIRD
6114 GOODMAN RD. 10732 GOLDEN SPIKE LANE			82 Street	Address (P.O. Box Number is Not Acceptable)  10732 GOLDEN SPIKE LN
-	CKSONVILLE FL 32257		83	10130 GODIEN STINE DAT
	Olikaritibee i e areat		<u> </u>	
:			84 City	JACKSONVILLE FL 85 Zip Code 32257
11. Pursuant	to the provisions of Sections 607	7,0502 and 607,1508, Florida Statu	utes, the above-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the t	State of Florida. Such change was obligations of, Section 607 0505. F	authorized by the corplorida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	18th		Total States	required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable (NO	OTE: Registered Agent signature	
12.		S AND DIRECTORS	13.	
TITLE	D			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	·	DELETE	1.1 TITLE	Change Addition
NAME	BIRD, ROBERT M	DELETE	1.1 TITLE 1.2 NAME	BIED, ROBERT M Change Addition
NAME Street address	BIRD, ROBERT M 6114 GOODMAN RD. SU	☐ DELETE	1.1 TITLE	BIRD, ROBERT M 10732 GOLDEN SPIKE LN.
STREET ADDRESS CITY-ST-ZIP	BIRD, ROBERT M	JITE 3	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- S1-ZIP	BIED, ROBERT M 10732 GOLDEN SPIKE LN. JACKSONVILLE FL 32257
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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)(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

**FILED** 

Jul 02 1998 8:00am

Secretary of State