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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P95000013287 (4)

SOUTH FLORIDA UMPIRING, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



•	e of Business	Mailing Address			İ				• • • • • • • • • • • • • • • • • • • •
1275 S.W. 16TH STREET   1275 S.W. 16TH STREET   BOCA RATON FL 33486   BOCA RATON FL 33486									
BOCA RATON FL 33486 BOCA RATON FL 33486					ŀ	DO NOT WRITE IN THIS SPACE			
					1	3. Date Incorporated or Qu	alified		
						02/15/1995			
2. Principal Place of Business						4. FEI Number		A	pplied For
21		26				65-0561460		l N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🔲		Additional
22		27				G. Commodic of Clares 200		Fee P	Required
City & Stat	10	City & State	<b>├</b> ─┐			6. Election Campaign Financing \$5.00 May Be			
23	Country	28	Cour			Trust Fund Contribution		• • • • • • • • • • • • • • • • • • • •	to Fees
Zip	<b>├</b> ¬ ′	Zip	Cour	itr <b>y</b>		8. This corporation owes or	•		ntangible No
24	25 9. Name and Address of Curre		30			Personal Property Tax d  10. Name and Address of I			110
05		in registered Agent		B1 N	ame	10, Teamo and Address Of	rear registere	Hydrit	
	NEEN, JERRY JR.								
	75 S.W. 16TH STREET		Į4	82 St	reet Address	s (P.O. Box Number is Not A	cceptable)		
, bu	OCA RATON FL 33486		<u> </u>	93				<del></del>	
			. [						
			Ī	<b>84</b> Ci	ity		Fi	<b>85</b> Zip	Code
44 Durawani	to the era mines of Sections CO2 DE	02 and 607 1608 Florida Ctatute	o the sh		mad ansags	ation submits this statement I			lts registered
office of t	to the provisions of Sections 607 05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was a	uthorized	by the	corporation	alion submits this statement in a board of directors. I hereb	y accept the ap	pointment a:	s registered
agent. Fa	im familiar with, and accept the oblig	jations of, Section 607.0505, Flo	rida Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered ag	TRIOTE STATE OF THE ACTION OF THE PARTY PA	Booletored	Acent sic	gnature required i	when reinerating)	DATE		
12.		ND DIRECTORS	13.	ADDIT OF	Juniore required	ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12
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STREET ADDRESS			•						
CITY-ST-ZIP	BOCA RATON FL 33486			1 4 CITY-ST-ZIP					
TITLE	VPD	DELETE	2.1 TITL				<del></del>	☐ Change	Addition
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CITY-ST-ZIP	BOCA RATON FL			Y-ST-21	· 1				ļ
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STREET ADDRESS				eet addi	RESS				]
CITY-ST-ZIP				Y-ST-ZH					i
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TITLE		DELETE	5.1 TITL					Change	Addition
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STREET ADDRESS				TE Eet add	DECC				į
	1			1-ST- <i>Z</i> IP					
CITY-ST-ZIP	certify that the information supplied v	with this filing does not qualify for				iction 119.07(3)(i), Florida Sta	atutes. I further o	ertify that th	e information

indicated on this annual roport or supplemental arrival 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 recover 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 attrichment with an address.

x 4-15-98