## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1000		
DOCUMENT	<sub>#</sub> P95000056247	(6)

1. Corporation Name
USA SOCCER ACADEMY INC.

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Principal Place of Business 1605 US 1 SEALOFTERS UNIT 12E 1905 US 1 SEALOFTERS UNIT 12E 1905 US 1 SEALOFTERS UNIT 12F 1907 UPITER FL 33477			RS UNIT 12	E						
							3. Data Incomprated or Qualified	3a. Date	of Last	Report
2. Principal Place	of Rusiness	2a. Mailing	Address				4. FEI Number	<del></del>		Applied For
2. Principal Place	Of Difform tops	26				_,,	65-0642613		000	Not Applicable
Suite, Apt. #, 6	etc.	F- 13	Apt. #, etc				5. Certificate of Status Desired			<b>'5</b> Additional e Required
City & State		27   City &	State .				6. Election Campaign Financing			00 May Be
3		28					Trust Fund Contribution			ed to Fees
Zip	Country	Zφ		Count	iry		8. This corporation has liability for Florida Statutes	intangible ta : 🃆No	x under	s 199.032,
4	25 25 Curso	29 29 A	gent	30			10. Name and Address of New I		Agent	
	9. Name and Address of Curre	nt Registered A	gent		31	Name	19, 119			
LEMBRYI	k, stanley				32		ess (P.O. Box Number is Not Accepta	ole)		<del></del>
1605 US	1 SEALOFTERS UNIT 12E					Street Addin				
JUPITER	FL 33477			[	33					7-0-4
				8	84	City		FL	85	Zip Code
SIGNATURE	granies typed or penten name of e.g.sterol age OFFICERS A	ND DIRECTORS		13.		t snji ature recijure	ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	-D.		☐ DELETÉ	1.110	l F				Chan	
NAME	LEMBRYK, STANLEY 1605 US 1 SEALOFTERS	LINIT 19F		1.2 NAI						
STREET ADDRESS	JUPITER FL 33477	OMI IEL				ADDRESS .				
CITY-ST-ZIP	<del>D</del> -		DELETE	2.1 II		1-71			Chan	ge 🔲 Addition
TITLE NAME	LEMBRYK, KIMBERLY			2 2 NAI						
STREFT ADDRESS	1605 US 1 SEALOFTERS	UNIT 12E		2351	REEL	ADDRESS				
CITY - ST - ZIP	JUPITER FL 33477			24 0 (1		T - ZIP			Char	ge 🔲 Addition
TITLE			☐ DELETE	3 1 11						a. []
NAME				3 2 NA 3 3 5 3		T ADDRESS				
STREET ADDRESS				3401						
CITY - ST - ZIP			DELETE	4. 1 Tı					☐ Char	ige 🔲 Addition
NAME				4 2 N4	ME					
STREET ADDRESS						ADDRESS				
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NAME STREET ADDRESS						LADORESS				
CITY - ST - ZIP			****	5 4 C	1Y -	ST-ZIP				nge 🔯 Addition
TITLE			□ DELETÉ	6 1 1					□ Cha	ng- LJ Addition
NAME				6 2 N						
STREET ADDRESS					I.E.V	T ADDRESS ST-ZIP	r for the exemption stated in Section 1 rate and that my signature shall have t			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-19-96 407-745.1104

CR2E034 (12/95)