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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000070723 (8)

ORLANDO SPORTSPLEX, INC.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



ONE MAGIC PLACE ORLANDO ARENA ORLANDO FL 32801 US		P O BOX 4901 ORLANDO FL 32802-4901 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1995			
\neg \circ	lace of Business	2a. Mailing Address	١	. 4. FE	l Number		Applied For	
21 870	T I THE TANK OF TH		and Symmit!	B) ul !	59-3369910	1	Not Applicable	
Suite, Apt.		27		5. Ce	rtificate of Status Desired	red S8.75 Additional Fee Required		
City & State		City & State 28 Orlando F			ection Campaign Financing ast Fund Contribution	_	\$5.00 May Be Added to Fees	
」 Zip つつ	Country	Zip	Country	8. Thi	s corporation owes or has paid	d the current year li	ntangible	
24 32		L	30	,	rsonal Property Tax due June 3		☐ No	
	9. Name and Address of Current I	Registered Agent	81 Name	10. Na	me and Address of New Reg	istered Agent		
HEEKIN, JAMES F JR							ļ	
	NORTH EOLA DRIVE		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32801							
			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 .	District Control of the Control of t	- Juste						
12.	Signature, typed or printed name of registered agent a OFFICERS AND 1		Registered Agent signature 13.		italing) DITIONS/CHANGES TO OFFICE	DATE	DC INI 10	
TITLE	PD	DELETE	1.1 TITLE	PD	ITTONS/CHANGES TO OFFICE	Change		
NAME	VANDER WEIDE, ROBERT A		1.2 NAME	Vauler	wester Robert A.	Jan Change		
STREET ADDRESS	600 WEST AMELIA AVE		1.3 STREET ADDRESS	STOL M	aitland Summit Blod	l		
CITY-ST-ZIP	ORLANDO FL			_				
TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Orlando	, <u>FE 20010</u>	Change	Addition	
NAME	TUBERGEN, JERRY L		2.2 NAME			onango		
STREET ADDRESS	126 OTTAWA NW		2.3 STREET ADDRESS					
CITY-ST-ZIP	GRAND RAPIDS MI		2. 4 CITY-ST-ZIP					
TITLE	VD	DELETE	3.1 TITLE	VTD		Change	☐ Addition	
NAME	BOER, WILLIAM		3.2 NAME	V . D		***		
STREET ADDRESS	126 OTTAWA NW		3.3 STREET ADDRESS					
CITY-ST-ZIP	GRAND RAPIDS MI		3.4. CITY-ST-ZIP					
TITLE	SD	DELETE	4.1 TITLE	P		Change	☐ Addition	
NAME	MILLER, SCOTT	•	4 2 NAME	Shaw, To	en4	A		
STREET ADDRESS	601 EAST ROLLINS STREET		4.3 STREET ADDRESS	601 East	Rollins Street			
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando	FL 32803		,	
TITLE	D	☐ DELETE	5.1 TITLE	50	1.16	Change	Addition	
NAME	CUMMINGS, DES D JR		5.2 NAME	• •		_ **	'	
STREET ADDRESS	601 EAST ROLLINS ST		5.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		5.4 CITY - ST - ZIP					
TITLE	<u> </u>	DELETE	61 TILLE	P		Change	Addition	
NAME		_ _	G.2 NAME	Merrican	Richard E. t Rollins Street			
STREET ADDRESS			6.3 STREET ADDRESS	401 E-	+ Rallas Street			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0-1-1-	FL 32803			
14. I hereby co	ertify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 1	19.07(3)(i). Florida Statutes, Lfu	urther certify that th	e 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 ar trus tee 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 or as attachment with an address								