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

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA BOBCATS FOOTBALL, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091932 (0)

FILED Apr 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			JADDALDDE IID AGIDA DALKE DOKA BEFIR DEAL) ODAND IDIDA AADID ADIDD EIFED FADA FADA		
500 FAIRWAY DR #203 DEERFIELD BEACH FL 33441		SOD FAIRWAY DR #203 DEERFIELD BEACH FL 33441-1877			
2. Principal Pla	cc of Business	2a. Mailing Address		4. FEI Number	Applied For
1] 139 Worth Avenue Suite Apt #, etc 2]		26 139 Worth Avenue Suite, Apt #, etc. 27		65-0624280	Not Applicab
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Palm Beach, FL		City & State 28 Palm Beach, FL		6. Election Campaign Financing \$5.00 May	
∏_Pa⊥m Zp	Country	Zp Palm Beac	Country	Trust Fund Contribution	Added to Fees
33480	,		30 Palm Bch.	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes :: No
l	g Name and Address of Curre		13012 04 24 11 20 11 1	10. Name and Address of New Reg	
WEIL	, Kenneth J		81 Name		
	S BISCAYNE BLVD 10TH FL		Orosi Asia	loop (D.O. Day Niyerbay is Not Assessed	
	II FL 33131		82 Street Add	Idress (P.O. Box Number is Not Acceptable)	
T71W 347			83	With	
			84 City		FL 85 Zip Code
SIGNATURE 5	familiar with, and accept the obli	gent wist title it applicable (NC	DTE: Registered Agent signature requ		DATE
2. ILF	DETICERS A	ND DIRECTORS DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change
MMF	FREY, BRUCE J	L_J Official	1.2 NAME		CLOSSINGE CLANOIII
REET ADDRESS	150 WORTH AVE		1.3 STREET ADDRESS		
TY ST-ZIP	PALM BEACH FL 33480		1 4 CITY-ST-ZIP		
11. 91.6" . ILF		DELETE	2 1 TITLE		Change Additi
AMI I			2 2 NAME		2 • • • • • • • • • • • • • • • • • • •
TREET ADDISESS			2 3 STREET ADDRESS		
11Y - \$1 - 78°			2 4 CITY - ST - ZIP		
ILF		DELETE	3 1 TITLE		Change Addition
NME .			32 NAME		•
IREET ACOURTSS			3 3 STREET ADDRESS		
ITY ST ZIP			34 CITY-ST-ZIP	<u> </u>	
If(F		☐ DELETE	41 TITLE		Change Addition
AME			4 2 NAME		
TREET ADDITESS			4.3 STREET ADDRESS		
ITY - ST - ZIC	e sen e e e e e e e e e		4 4 CITY- ST-ZIP		
TLF		DELETE	5 1 TITLE		☐ Change ☐ Addition
AME			5.2 NAME		
THEFT ADDRESS:			5 3 STREET ADDRESS		
HTY - ST - 74P			5.4 CITY-ST-ZIP		
III.i		☐ DELETE	61 TITLE		Change Addition
IAME			6.2 NAME		
THEET ADDRESS			6 3 STREET ADDRESS		
C(*Y - S1 - Z(*)	Λ		6 4 CITY - ST - ZIP		

14. I do 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 is 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 color of the color 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 chapted in on an attachment with an address.

SIGNATURE:*

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-835-0224