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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600006057 (9)

FLORIDA GOLD COAST VOLLEYBALL, INC.

2754 DUNLIN F DELRAY BEACI		2754 DUNLIN RD DELRAY BEACH FL 3344	14-1008			
				3. Date Incorporated or Qualified	3a. Date of Last Re	eport
2. Principal Pla	ace of Business	2a. Mailing Address		01/17/1996 4. FEI Number	I IAD	plied For
21		26		65-0680062		
Suite, Apt #, etc.		Suite, Apt. #, etc.			□ \$8.75 A	Additional
22		27		6. Certificate of Status Desired Fee Required		quired
City & State	1	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	
<b>Z</b> ip	Country	Zip	Country	8. This corporation has liability for in		199.032,
24	25 g. Name and Address of Curre	29	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No	
275	ON, LORI J 4 DUNLIN RD RAY BEACH FL 33444		81 Name 82 Street Add 63 84 City	tress (P.O. Box Number is Not Acceptable)  Sherwood Blu	nting, Inc	Code
office or re agent. I an	egistered altent, or both, in the Stati	of Florida Stich change was ations of Section 607,0505, F	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	FL 32 urpose of changing it the appointment as	s registered registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	Р	DELETE	1.1 TIYLE		Change	S IN 12 Addition
NAME	, EATON, LORI J		1.2 NAME	Lead have be well		
STREET ADORESS	2754 DUNLIN RD		1.3 STREET ADDRESS	3140 Sherwood Blud. Delany Beach, Fla	1 	,
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP	Delrow Beach. Fla	33445	17
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5,1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
THILE		DELETE	6.1 TITLE		☐ Change	Addition
NAME		_ ,	6.2 NAME		- •	1
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•		
14. I do herek	by certify that the information supplied	ed with this filing does not qua	lify for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio	in indicated on this annual report or	supplemental annual report is in the receiver or trustee empo	true and accurate and the exercit to execute this repe	at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made un	der oath; that