

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000023241 (8)**

1. Corporation Name  
**NORTHEAST INDOOR SOCCER CLUB, INC.**

Principal Place of Business <b>535 23RD AVENUE NORTH ST. PETERSBURG FL 33704</b>	Mailing Address <b>535 23RD AVENUE NORTH ST. PETERSBURG FL 33704-4317</b>
---	--



2. Principal Place of Business 21 <b>150 Second Ave No. #</b> Suite, Apt #, etc 22 <b>Suite 1100</b> City & State 23 <b>St. Petersburg, FL</b> Zip 24 <b>33701</b>		2a. Mailing Address 26 <b>150 Second Avenue No.</b> Suite, Apt #, etc 27 <b>Suite 1100</b> City & State 28 <b>St. Petersburg, FL</b> Zip 29 <b>33701</b>		3. Date Incorporated or Qualified <b>03/12/1996</b>		3a. Date of Last Report <b>N/A</b>	
				4. FEI Number <b>59-3376494</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>AMBUSH, LESLIE 535 23RD AVENUE NORTH ST. PETERSBURG FL 33704</b>				10. Name and Address of New Registered Agent 81 Name <b>Thomas B. Smith</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>150 Second Avenue North; Suite #1100</b> 83 84 City <b>St. Petersburg</b> <b>FL</b> 85 Zip Code <b>33701</b>			
--	--	--	--	---	--	--	--

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: *Thomas B. Smith* *Thomas B. Smith* DATE: *3/18/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D/P/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AMBUSH, LESLIE</b>		1.2 NAME <b>Ambush, Leslie</b>	
STREET ADDRESS <b>535 23RD AVENUE NORTH</b>		1.3 STREET ADDRESS <b>535 23rd Avenue North</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33704</b>		1.4 CITY-ST-ZIP <b>St. Petersburg, FL 33704</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Smith, Thomas B.</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>150 Second Avenue North, Suite 1100</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>St. Petersburg, FL 33701</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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 attachment with an address.

SIGNATURE: *Thomas B. Smith* **Thomas B. Smith, Vice President** (813) 898-6623

CR2E034 (9/96)