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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600068386 (7)

CITY OF CHAMPIONS UMLIMITED, INC.

Principal Place of Business Mailing Address
3249 RAMBLEWOOD DRIVE NORTH
SARASOTA FL 34237
SARASOTA FL 34237

3249 RAMBLEWOOD DRIVE NORTH SARASOTA FL 34237			SARASOTA FL 34237-3817				
					3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last R	leport
2. Principal Pl	lace of Business	2a. Mailing Addr	ess		4. FEI Number Applied For		oplied For
21		26			65.0696831	65 · 0696831 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27			J. Sermonic of Sand Seconds	Fee Re	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Zip	Country	Zip	Cour	lry	8. This corporation has liability for intangible tax under s 199.032.		199.032,
24	25 29 p. Name and Address of Current Registered Agent		30		Florida Statutes Yes X No 10. Name and Address of New Registered Agent		
a 41994		teut Hadisteled Adaut		31 Name		agistered Agent	
	NICKI, MICHELE	n.,	į.	, value			
	RAMBLEWOOD DRIVE NORT	н	Ī	Street	Address (P.O. Box Number is Not Accepta	ble)	
SARA	ASOTA FL 34237		1	33			
			ľ	,3			
			Ţ	34 City		85 Zip (Code
44 8		0500 507 100 El	1. 0004			FL 1 1 1 1 1 1 1 1 1	
office or re	to the provisions of Sections 607.6 egistered agent, or both, in the St	ate of Florida. Such char	na Statutes, the ab ige was authorized	by the cor	d corporation submits this statement for the poration's board of directors. Thereby acce	purpose of changing if pl the appointment as	registered
agent. I a	m familiar with, and accept the of	oligations of, Section 607.	0505, Florida Statu	les.			
SIGNATURE					e required when reinstalling)		
12.	Signature, typed or printed harrie of registers of	AND DIRECTORS	13.	Agent signaturi	ADDITIONS/CHANGES TO OFFI		2S IN 12
TITLE	OFFICERS		LETE 11 TITL		President	Change	Addition
NAME			1.2 NAM		Michele Mielnicki		
STREET ADDRESS				EFT ADDRESS	3249 Ramblewood Dr N		
CITY-ST-ZIP				- ST-7IP	Savasota FL 34137		
TITLE		DI DI				Change	Addition
NAME			2.2 NAI				
STREET ADDRESS			.	EET ADDRESS			1
CITY-ST-ZIP			L.	Y - S1 - ZIP			1
TALE		DI			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	•	_	3.2 NAF			.	
STREET ADDRESS				EFT ADDRESS			ļ
CITY-ST-ZIP				Y-ST-ZIP		ŕ	
TITLE		□ Di	LETE 4.1 1111			☐ Change	Addition
NAME			4. 2 NA	V.E			
STREET ADDRESS			4.3 STF	SET ADDRESS			
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP			
TITLE		DI	LETE 5.1 THE	E		☐ Change	Addition
NAME			5.2 NAI	M E			
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP				7-\$1-Z(P			
TITLE		□ Di				☐ Change	Addition
NAME			6.2 NA/	ME.			
STREET ADDRESS			6.3 STF	EET ADDRESS			ĺ
CITY-ST-ZIP				r - S1 - <i>7</i> (P			
					· · · · · · · · · · · · · · · · · · ·		

I do hereby certify that the information supplied with this filing does not quality 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.

חוו מכוו נוזן

FILED

May 07 1997 8:00am

Secretary of State