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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600073007 1. Corporation Name

FUTBOL, INC.

Principal Place of Business

649 W 23RD ST PANAMA CITY FL 32405 Mailing Address

649 W 23RD ST PANAMA CITY FL 32405

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90044 011 ***158.75



| US | US | | | | DO NOT WRITE IN THIS SPACE | | | |
|---|--|----------------------------------|--------------------|---|---|------------------------------------|-----------------|-------------------|
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 09/04/1996 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | a. Mailing Address | | | | A | pplied For |
| 21 | <u> 26</u> | | | | 59-3400679 | | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | 5 4 | | Additional |
| 27 | | | | | 5. Certificate of Glatus Desired | | Fee F | equired |
| City & State City & State | | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | 28 | | | Trust Fund Contribution Added to Fees | | | to Fees | |
| Zip | Country Zip | | Countr | y | 8. This corporation owes the curr | ent year in | | _ |
| 24 | 25 | 29 30 | i | | Personal Property Tax. | | ☐ Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New F | Registered | Agent | |
| | | | 81 | Name | | • | | |
| TUV | | 82 | Street Addr | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | S COVE BLVD | | Street Add | | Bas (1.0. Box (toll)) to the thought | 15.5, | | |
| PANAMA CITY FL 32405 | | | 83 | | | | | |
| | | | | | | | | 0.4. |
| | | | 84 | City | | FL | 85 Zip | Code |
| 11 Durament | to the provisions of Sections 607.0502 | and 607 1508 Florida Statutes | the abov | e-named com | oration submits this statement for the | nurpose of | changing it | s registered |
| office or r | onistored agent or both in the State of | Florida Such change was auth | ONZEO DI | / the corporatio | on's board of directors. I hereby accep | of the appo | intment as r | egistered |
| agent. I a | m familiar with, and accept the obligation | ns of, Section 607.0505, Florida | Statute | S. | | | | Ì |
| SIGNATURE | | | | | dukan minutation) | DATE | | } |
| | | | | ered Agent signature required when reinstating) ADDITIONS/CHANGE | | ES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12. | P | DELETE | 13. 1.1 TITLE | | ADDITIONO/GIRATGES TO GF | 10011071 | Change | |
| TITLE | l <u>L</u> | - Deterie | | | | | ٠٠٠٠٠٠ لِي | |
| NAME | TUVYANA, AVRAHAM | | 1.2 NAME | | | | | |
| STREET ADDRESS | (| | | TADDRESS | | | | { |
| CITY-ST-ZIP | CALLAWAY FL 32404 | 25,575 | 1.4 CITY- | | | _ | ☐ Change | ☐ Addition |
| TITLE | 1 | ☐ DELETE | 2.1 TITLE | | | | □ Citalige | |
| NAME | | | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | · · · · | | 2.3 STREE | T ADORESS | | | | |
| CITY-ST-ZIP | | · | 2.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Ì | | | Change | Addition Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | · | | 3.3 STREI | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | · | | | |
| TITLE | | ☐ DELETE | 4.1 TYTLE | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | : | | | | ļ |
| STREET ADDRESS | | | 4.3 STREE | ETADDRESS | | | | |
| CITY-ST-ZIP | 1 | | 4.4 CITY- | ST-ZIP | | | | |
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| NAME | | _ | 5.2 NAME | | | | | |
| | | | | ET ADDRESS | | | | |
| STREET ADDRESS | | | 5.4 CITY- | 1 | | | | Ì |
| CITY-ST-ZIP | | DELETE | 6.1 TITLE | | | _ | ☐ Change | ☐ Addition |
| TITLE | | □ Derese | 6.2 NAME | | | | _ Shariye | |
| NAME | | | | | | | | ļ |
| STREET ADDRESS | | | | ET ADDRESS | | | | Ì |
| | | | | ST-ZIP | | | | |

14. I 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: