

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 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
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DOCUMENT # **P96000079803 (8)**

1. Corporation Name

**JACKSONVILLE PROFESSIONAL SOCCER, INC.**



Principal Place of Business

Mailing Address

**11007 N. 56TH STREET  
TAMPA FL 33617**

**11007 N. 56TH STREET  
TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>9428 BAYMEADOWS RD</b>		26		09/24/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 <b>SUITE 175</b>		27		59-3416636		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 <b>JACKSONVILLE, FLORIDA</b>		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
24 <b>32256</b>		25 <b>DUVAL</b>		29		30	

9. Name and Address of Current Registered Agent

**OHALL, LAURIE E ESQ.  
3333 HENDERSON BLVD.  
SUITE 150  
TAMPA FL 33609-2938**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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>O/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSSO, LUIS FELIPE</b>	1.2 NAME	
STREET ADDRESS	<b>8008 DUMONT COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSSO, DONNA LYNN</b>	2.2 NAME	
STREET ADDRESS	<b>8008 DUMONT COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>O/VP/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROUDE, DEREK OWEN</b>	3.2 NAME	
STREET ADDRESS	<b>17744 ESPIRIT DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIOLET, DENNIS</b>	4.2 NAME	
STREET ADDRESS	<b>7927 LOS ROBLES CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 33258</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, TOM</b>	5.2 NAME	
STREET ADDRESS	<b>307 FERN CLIFF</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECHVERRY, ARMANDO</b>	6.2 NAME	
STREET ADDRESS	<b>8014 CAPWOOD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	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

**ARMANDO ECHVERRY**

**8/8/97**

**(92) 480-3315**

CR2E034 (4/97)