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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00
**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024103

1. Corporation Name
AMERICAN HOCKEY ASSOCIATION, INC.

Principal Place of Business
**2840 SOUTH OAKLAND FOREST DRIVE
SUITE 2805
FT. LAUDERDALE FL 33309**

Mailing Address
**2840 SOUTH OAKLAND FOREST DRIVE
SUITE 2805
FT. LAUDERDALE FL 33309**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1997	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0802989	Applied For ☐ Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PYE, THOMAS G ESQUIRE 2787 EAST OAKLAND PARK BLVD. SUITE 301 FT. LAUDERDALE FL 33306				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 fee is applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11. TITLE	☐ Change ☐ Addition
NAME	GRAPPO, GARY JOSEPH	12. NAME	
STREET ADDRESS	2840 SOUTH OAKLAND FOREST DRIVE, STE. 2805	13. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	14. CITY-ST-ZIP	
TITLE	T	21. TITLE	☐ Change ☐ Addition
NAME	MADISON, THOMAS M JR	22. NAME	
STREET ADDRESS	2516 NE 22 TERRACE	23. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	24. CITY-ST-ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Gary Joseph Grappo 3/17/99 154-484-6495