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 # **P97000046415**1. Corporation Name

MAJOR LEAGUE INDOOR FOOTBALL, INC.

Principal Place	e of Business	Mailing Address					
2106 DREW ST.	STE. 103	2106 DREW ST. STE. 103					
CLEARWATER F		CLEARWATER FL 33765					
โบร		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
ļ					05/22/1997		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-3447903	Nor	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	- C. Waster of Courts Desired	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		This corporation owes the current	vear Intangible	
24	25	29 30	7		Personal Property Tax.		ĭXNo
24	9. Name and Address of Current		1		10. Name and Address of New Reg		
	5. Hallo and Address of Callotte	rogio:	81	Name			
DICKSON, L.J.					ıs, Dezra		
4707 140TH AVE.NORTH STE. 309					Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33762				2106	Drew Street		 -
	MINATER I E 35/02		83	Suit	e 103		
ļ			84	City		85 Zip C	Code
1				Clea	rvater		765
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	corporation submits this statement for the pur	pose of changing its	registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth ons of Section 607 0505. Florida	orized by a Statutes	tne corpo	pration's board of directors. I hereby accept the	e appointment as reg	gistered
1	\cap \cap \cap	Dezra Owens				4-20-99	
SIGNATURE	Signature, boed or printed name of registered agent		gistered Ager	t signature re	equired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE	1.	V/D	★ Change	Addition
NAME	DRESDEN, GARY		12 NAME				
STREET ADDRESS	2106 DREW ST. STE. 103		13 STREET	ADDRESS			
]	CLEARWATER FL 33765		1.4 CITY-S	i			
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	1-21		Change	Addition
		() DELETE				J-	_
NAME	DRESDEN, TRUDY		2.2 NAME				
STREET ADDRESS	2106 DREW ST. STE. 103		2.3 STREE	1			
CITY-ST-ZIP	CLEARWATER FL 33765		2.4 CITY-5	T-ZIP			☐ Addition
TITLE	PTAD	☐ DELETE	3.1 TITLE		P/T/AS/D	Change	☐ Addition
NAME	DRESDEN, BRYAN		3.2 NAME				
STREET ADDRESS	2106 DREW ST. STE. 103		3.3 STREE	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765		3.4, CITY-9	T-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		D/AT	Change	Addition
NAME	DRESDEN. DARA		4. 2 NAME	l			
STREET ADDRESS	2106 DREW ST. STE. 103		4.3 STREE	ADDRESS			
	CLEARWATER FL 33765		4.4 CITY-S	Į.			
CITY-ST-ZIP		□ DELETE	5.1 TITLE	1-21-	D	Change	Addition
TITLE	DAT	TT DEFEIE	J. I ITILE		V	₩_	

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DRESDEN, SCOTT

OWENS, DEZBRA

222 MAMARONECK AVE.

CLEARWATER FL 33765

2106 DREW ST STE 103

GARY DRESDEN

DELETE

White Plains, NY

Owens, Dezra

(727)442-0445

Addition

Change

10605

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90137 033 ***150.00

CR2E034 (11/98)