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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095114 (9)

SOCCER SKILLS UNLIMITED, INC.

FILED May 19 1998 8:00am Secretary of State



	_					
Principal Place of Business Mailing Address						(100/100/ 110 101/1 100/1 201/1 001/1 001/1 001/1 001/1 01/1
3450 PALENCIA DRIVE #1914 TAMPA FL 33618			3450 PALENCIA DRIVE #1914 Tampa Fl 33618			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/05/1997
2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address 26			4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	· · · · · · · · -			Trust Fund Contribution
Zìp	├─- <u>`</u>	Country Zip Cour		itry		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25	29	[30])]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent				81	Name	IU, Hallo allo Addisos of New Hogeletons Agent
COLE, KIMBERLEY W CPA						
	8 N. 56TH STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
SUITE #15						
TAN	MPA FL 33617			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 properties of provided statutes.						
omice or registerer agent, or norm, in the state of monda, such change washautionzed by the corporation's board or directors. Thereby accept the appointment as registered agent, if am familiar with land appending on patients of patients.						
SIGNATURE Add W I Figure Washington by the parties of a supple and the charge and						
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D U	_	€LETE 1.1 10T	LF		Change Addition
NAME	(1000) 010000, 1110000		1 2 NA	1 2 NAME		
STREET ADDRESS 3450 PALENCIA DRIVE #1914		f 1914	1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	110000000			1-ZIP	Change Addition	
TITLE			☐ DELETE 21 TII			[] Change
NAME			2.2 NA			
STREET ADDRESS					address	
CITY-ST-ZIP			2.4 CiTY - ST - ZiP		SI - ZIP	Change Addition
TITLE		<u></u> □ υ	DELETE 3.1 TITLE 3.2 NAME			timengo 🗀 Addition
NAME ATORET ADDRESS					ADDRESS	
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TIFLE			3.4. CI ELETE 4.1 TIT		01-7II.	Change Addition
NAME			4.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT			
TITLE				5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT			
TITLE						Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 \$11	REE1	ADDRESS	
CITY-ST-ZIP			6.4 CIT	6.4 CITY-ST-ZIP		
14. Lhereby c	certify that the information sub-	lied with this filling does no	I qualify for the exe	mpl	lion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or suppliers and this ning dees not quality in the exemption stated in doction in 19.07(3)(), Florida statutes. Further certified and the indicated on this annual report or suppliers the same legal effect as if made under each; that I am an officer or director of the confortion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if clyingst, or on ay attachment with an address.