

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28220** (9)

1. Corporation Name

MALENKO'S PRO WRESTLING CAMP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:28

Principal Place of Business

Mailing Address

9420 LAZY LANE
E-11
TAMPA FL 33634
US

8808 PLUM GROVE CT
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1991

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

2a. Mailing Address

21 9420 LAZY LANE
Suite, Apt. #, etc.

26 12770 WOOD TRAIL BLVD
Suite, Apt. #, etc.

22 E-11

27

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

24 33634
Zip

25 USA
Country

29 33625
Zip

30 USA
Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SIMON, LARRY
8808 PLUM GROVE CT
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name **SHELLY SIMON**
82 Street Address (P.O. Box Number is Not Acceptable) **12770 WOOD TRAIL BLVD**
83
84 City **TAMPA** FL 85 Zip Code **33625**

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

Shelly Simon

SHELLY SIMON

1/17/95

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PV
NAME	SIMON, SHELLY
STREET ADDRESS	3202 COLDWELL AVE, APT 1207
CITY-ST-ZIP	TAMPA FL
TITLE	ST
NAME	OGNIBENE, NONA
STREET ADDRESS	8808 PLUM GROVE CT
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STOY SIMON	
1.3 STREET ADDRESS	5012 SWALLOW DR	
1.4 CITY-ST-ZIP	TAMPA, FL 34369	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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 in ink on the date that I am an officer or director of the corporation or a member 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, changed, or on an amendment with an address.

SIGNATURE:

Shelly Simon **SHELLY SIMON**

1/17/95

(813) 968-1359

SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR

DATE

Telephone No.