

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S28220** (9)

1. Corporation Name

**MALENKO'S PRO WRESTLING CAMP, INC.**



Principal Place of Business

**9420 LAZY LANE  
E-11  
TAMPA FL 33634  
US**

Mailing Address

**12770 WOODTRAIL BLVD.  
TAMPA FL 33625  
US**

3. Date Incorporated or Qualified  
**01/28/1991**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMON, SHELLY  
12770 WOODTRAIL BLVD.  
TAMPA FL 33625**

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, in block capital letters

(NOTE: Registered Agent signature required when not dated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMON, TODY</b>	
STREET ADDRESS	<b>5012 SWALLOW DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>OGNIBENE, NONA</b>	
STREET ADDRESS	<b>8808 PLUM GROVE CT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TODIE SIMON</b>	
1.3 STREET ADDRESS	<b>12770 WOODTRAIL BLVD</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL</b>	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TODY SIMON</b>	
2.3 STREET ADDRESS	<b>5012 SWALLOW DR.</b>	
2.4 CITY-ST-ZIP	<b>LAND O' CAKES FL</b>	
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 119.07(3)(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 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: **SHELLY SIMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/96**

**813/988-1359**

Daytime Phone #

CR2E034 (12/95)