

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27195

(9)

1. Corporation Name

MATCH RESULTS LAKE WORTH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6-C ATRIUM CIRCLE
ATLANTIS FL 33462 6-C ATRIUM CIRCLE
ATLANTIS FL 33462

3. Date Incorporated or Qualified 04/06/1992 3a. Date of Last Report 05/13/1994
4. FEI Number 65-0231177 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 29
25 30

9. Name and Address of Current Registered Agent

TURDO, CHRISTINA ELIZABETH
6-C ATRIUM CIRCLE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

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 of Agent or Director (if applicable)

Signature of Registered Agent (if applicable)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	TURDO, CHRISTINA E.	2. NAME	
STREET ADDRESS	6-C ATRIUM CIRCLE	3. STREET ADDRESS	
CITY, ST, ZIP	ATLANTIS FL	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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(9)(b), Florida Statutes. I further certify that the information is also on the 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 president or officer 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 of this form, or on an attachment with an address.

SIGNATURE:

Christina E. Turdo

CHRISTINA E. TURDO

4-30-95 (407) 9675720