

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V56097 (1)**  
1. Corporation Name  
**VOLUSIA COUNTY SPORTS PROMOTIONS INC.**



Principal Place of Business: **3924 OAK CREST CIRCLE PORT ORANGE FL 32119**  
Mailing Address: **3924 OAK CREST CIRCLE PORT ORANGE FL 32119**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	<b>08/03/1992</b>	<b>05/01/1995</b>
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	<b>59-3185495</b>	<input type="checkbox"/> Applied For <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
g. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MARINACCI, FRANK A. 3924 OAK CREST CIRCLE PORT ORANGE FL 32119</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b>
		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: \_\_\_\_\_ DATE: \_\_\_\_\_  
I, THE Registered Agent, sign as required by law.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>P MARINACCI, FRANK A.</b>	12. NAME	
13. STREET ADDRESS	<b>3924 OAK CREST CIR</b>	13. STREET ADDRESS	
14. CITY - ST - ZIP	<b>PORT ORANGE FL 32119</b>	14. CITY - ST - ZIP	
15. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		2.2 NAME	
17. STREET ADDRESS		2.3 STREET ADDRESS	
18. CITY - ST - ZIP		2.4 CITY - ST - ZIP	
19. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		3.2 NAME	
21. STREET ADDRESS		3.3 STREET ADDRESS	
22. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
23. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		4.2 NAME	
25. STREET ADDRESS		4.3 STREET ADDRESS	
26. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
27. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		5.2 NAME	
29. STREET ADDRESS		5.3 STREET ADDRESS	
30. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		6.2 NAME	
33. STREET ADDRESS		6.3 STREET ADDRESS	
34. CITY - ST - ZIP		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. 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: *Frank A. Marinacci* **FRANK A. MARINACCI** 1-31-96 904-260-0786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Zip

CR2E034 (12/95)