FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 737910

(0)

NATIONAL	ASSOCIATION OF	JAI-ALAL	FRONTONS	INC.

NATIO	NAL ASSOCIATION OF JAI	l-ALAI FRONTONS, INC.						AN BURN BRANKARI
Principal Place of Business Mailing Address		Mailing Address						
301 E DANIA P.O. BOX 96 DANIA FL 33		301 E DANIA BEACH BL' P.O. BOX 96 DANIA FL 33004	VD.		2 0 1			
					 Date Incorporated or Qualified 02/04/1977 	3a. Date		•
2. Principal Pr	ace of Business	2a. Mailing Address			4. FEI Number	U2	2/20/	T
21		26			59-1714817		\vdash	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired			Required
City & State	e	City & State			6. Election Campaign Financing			00 May Be
Zip	Country	28 Zip	Cov		Trust Fund Contribution		Adde	ed to Fees
24	25	29	30	iir y	8. This corporation has liability for in	itangible tax ι	inder s	. 199.032
	9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New Re	Yes No	<u> </u>	
				Name	To: Traine and Address of New Me	gistered Age	ant	
SNYDER	R, STEPHEN F.							
	ANIA BCH BLVD.			Street Ad	kiress (P.O. Box Number is Not Acceptable	1)		
DANIA F				33				
2, 4, 4, 1, 1								
				City				p Code
11. Pursuant i	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the abo	named corp	oration submits this statement for the purp		no ite i	ropintored office
familiar wi	th, and accept the obligations of, Sec	rida. Such change was authorized ction 617.0503, Florida Statutes.	1 by the c	rporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appoi	ntment as reg	istered	agent. I am
SIGNATURE								
	Signature, typed or printed name of registered age	nt and little if applicable (NO!E		jent signature requi	red when reinstating)	DATE	•	
12.		ND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC	FRS AND DIF	RECTO	DRS IN 12
TITLE	D COPED HODE	DELETE	1171			□ c	hange	Addition
NAME SESSEE ASSESSES	SOPER, HORT		12 N					
STREET ADDRESS	203 SE 1ST ST			T ADDRESS				
CITY-ST-ZIP TIFLE	FT LAUD, FL 00000	DELETE	_	ST-ZIP				
NAME	PTD STEPHEN C		21 T			□ c	hange	☐ Addition
STREET ADDRESS	snyder, stephen f 301 e dania BCH BLVD.		22 N					
Dity-St-ZiP	DANIA, FL 00000			TADDAESS				
TITLE	DV	["]DELETE	317	ST-ZIP				
NAME	DONOVAN, RICHARD P		324			□ Cr	iange	Addition
STREET ADORESS	3500 NW 27TH AVE		3.3 5	ADDRESS				
CITY ST-ZIP	MIAMI, FL 00000		3.4	I - ZIP				ĺ
TITLE	S	DELETE	41	11 - 211		——————————————————————————————————————		
NAME	KNOX, DANIEL R.	_	4. 2			☐ Cn	ange	☐ Addition
STREET ADDRESS	301 E DANIA BCH BLVD.		4.3	NODRESS				
CITY-ST-7IP	DANIA FL		4.4	ZIP				
Titlé	D	DELETE	51			Cn	2000	Addition
NAME	COLLETT, JR. B		521				ariye	☐ Addition
STHEET ADDRESS	1750 KINGS HWY		535	MODRESS				1
CHTY+ST-ZIP	FT. PIERCE FL		546	- ZIP				
TITLE		DELETE	61 T			☐ Chi	ange	Addition
NAME			62 N				8~	
STREET ADDRESS			635	ADDRESS				ĺ
CITY - ST - ZIP			6 4 Ci	T-ZIP				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and is 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 like 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 empowerto execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIREC

1/23/96 Date

(954) 927-2841

CR2E037 (12/95)

Daytime Phone #