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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737910 (0)

1. Corporation Name

NATIONAL ASSOCIATION OF JAI-LAI FRONTONS, INC.



Principal Place of Business
301 E DANIA BEACH BLVD.
P.O. BOX 96
DANIA FL 33004

Mailing Address
301 E DANIA BEACH BLVD.
P.O. BOX 96
DANIA FL 33004-0096

3. Date Incorporated or Qualified
02/04/1977

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1714817

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

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

SNYDER, STEPHEN F.
301 E DANIA BCH BLVD.
DANIA FL 33004

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME SOPER, HORT
STREET ADDRESS 203 SE 1ST ST
CITY-ST-ZIP FT LAUD, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PTD DELETE
NAME SNYDER, STEPHEN F
STREET ADDRESS 301 E DANIA BCH BLVD.
CITY-ST-ZIP DANIA, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV DELETE
NAME DONOVAN, RICHARD P
STREET ADDRESS 3500 NW 27TH AVE
CITY-ST-ZIP MIAMI, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S DELETE
NAME KNOX, DANIEL R.
STREET ADDRESS 301 E DANIA BCH BLVD.
CITY-ST-ZIP DANIA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME COLLETT, JR. B
STREET ADDRESS 1750 KINGS HWY
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022406

CR2E037 (9/96)