FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

FILED	
Jan 27 1998 8:00an]
Secretary of State	

NATIO	NAL ASSOCIATION OF JAI-	ALAI FRONTONS, INC.				
Principal Plac	e of Business	Mailing Address		·	H LUNSTH TREADS TOTAL TRANSPORTER STATES AND STATES AND STATES	0 0 1 0 1 1 0 0 0 0
301 E DANIA B	EACH BLVD.	301 E DANIA BEACH BLVD.			3. Date Incorporated or Qualified	
P.O. BOX 96 P.O. BOX 96 DANIA FL 33004				02/04/1977	<u></u>	
ONNIA FL 3300	7	DANIA PL 33004			4. FEI Number	Applied For
					59-1714817	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & Stat	e	City & State			7- Is this nonprofit corporation a homeowr	
23		28			☐ Yes	₩ No
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the o	
24	9. Name and Address of Curre		30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	4. Name and Address of Curre	iit vedistetea Ağelit	81	Name	Name and Address of New Hegistere	u Agent
011/055	CTEDUEN E					
ľ	, STEPHEN F.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ANIA BCH BLVD.		83			
DANIA F	L 33004					
ļ			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Statutes	s, the above	a-named core		
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized by	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
ł	an amiliar with, and accept the oblig	gations of, Section 617.0503, Flori	iua Statutes	.		Ì
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	nt signature requir	red when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	SOPER, HORT	•	1.2 NAME			
STREET ADDRESS	203 SE 1ST ST		1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUD, FL 00000		1,4 CITY-S	T-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE			Change Addition
NAME	SNYDER, STEPHEN F		2.2 NAME]		
STREET ADDRESS	301 E DANIA BCH BLVD.		2.3 STREET	ADDRESS		İ
CITY-ST-ZIP	DANIA, FL 00000		2. 4 CITY-5	ST-ZIP		
TITLE	\$	☐ DELETE	3.1 TITLE			Change Addition
NAME	KNOX, DANIEL R.		3.2 NAME			
STREET ADDRESS	301 E DANIA BCH BLVD.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	DANIA FL		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		· 	Change Addition
NAME	COLLETT, JR. B		4. 2 NAME			J
STREET ADDRESS	1750 KINGS HWY		4.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-S	T- ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADORESS		
t !	İ		=	1		

1 hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: