

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758860 (1)
 1. Corporation Name
NATIONAL ALLIANCE FOR YOUTH SPORTS, INC.



Principal Place of Business 2050 VISTA PARKWAY WEST PALM BEACH FL 33411 US	Mailing Address 2050 VISTA PARKWAY WEST PALM BEACH FL 33411 US
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3. Date Incorporated or Qualified 06/22/1981	
4. FEI Number 59-2134374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2050 Vista Parkway Suite, Apt. #, etc.	2a. Mailing Address 26 2050 Vista Parkway Suite, Apt. #, etc.
22 City & State 23 West Palm Beach, FL	27 City & State 28 West Palm Beach, FL
24 Zip 33411	25 Country USA
29 Zip 33411	30 Country USA

9. Name and Address of Current Registered Agent

ENGH, FREDERIC C
2050 VISTA PARKWAY
WEST PALM BCH FL 33411

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGH, FREDRIC C	
STREET ADDRESS	1265 WYNNEWOOD DRIVE	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIERSCHIED, ROBERT C.	
STREET ADDRESS	1179 SKILLMAN AVE., W	
CITY-ST-ZIP	ROSEVILLE MN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHARBERT, ROBERT	
STREET ADDRESS	11133 SW 113TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAGGETT, WILLIAM	
STREET ADDRESS	12791 PACKWOOD ROAD	
CITY-ST-ZIP	JUNO ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, MICHAEL	
STREET ADDRESS	1896 HIDDEN SPRIGNS CT	
CITY-ST-ZIP	BURLINGTON KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Fred C. Engh **1/8/98** **561-684-1141**

CR2E037 (10/97)