

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:14

DOCUMENT # N04336 (6)

1. Corporation Name

BROWARD COUNTY DARTING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5712 SETON DRIVE MARGATE, FL 33063
PO BOX 4623 SUNRISE STA.
FORT LAUDERDALE FL 33338-4623

5712 SETON DRIVE MARGATE, FL 33063
PO BOX 4623 SUNRISE STA.
FORT LAUDERDALE FL 33338-4623

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/24/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRASON, AL
104 NE 30 ST
FT LAUDERDALE FL 33334

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2081 S. OCEAN DR. # 311

83

84 City

NAIANDALE

FL

85 Zip Code

33009

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

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

PD

NAME

DRASON, AL

STREET ADDRESS

104 NE 30 ST

CITY - ST - ZIP

FT LAUDERDALE FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2081 S. OCEAN DR. # 311

1.4 CITY - ST - ZIP

NAIANDALE FL 33009

TITLE

VP

NAME

DALONE, GARY

STREET ADDRESS

1140 SE 5TH AVE

CITY - ST - ZIP

POMPANO BEACH FL

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

LYZAK, RUSSELL

2.3 STREET ADDRESS

7091 COOLIDGE ST.

2.4 CITY - ST - ZIP

HOLLYWOOD, FL 33024

TITLE

SD

NAME

GLASER, BRUCE

STREET ADDRESS

4331 N.W. 115TH TERR.

CITY - ST - ZIP

SUNRISE FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

STS

NAME

BOB LYONS

STREET ADDRESS

5712 SETON DRIVE

CITY - ST - ZIP

MARGATE FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

T

NAME

DRASON, CELESTE

STREET ADDRESS

104 NE 30TH ST

CITY - ST - ZIP

FT LAUDERDALE FL

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

2081 S. OCEAN DR. # 311

5.4 CITY - ST - ZIP

NAIANDALE FL 33009

TITLE

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Al Drason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELESTE DRASON

3/10/95

(95) 459-8018

Date

Daytime Phone