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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04336**

1. Corporation Name
BROWARD COUNTY DARTING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5712 SETON DRIVE [illegible] FL 33063	P.O. BOX 4623 SUNRISE STATION FT. LAUDERDALE FL 33338-4623

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	07/24/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: NOT APPLICABLE ☐ Applied For ☑ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip 25 Country	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCONZO, ROBERT
4956 N. HEMMINGWAY CIR.
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
LYZAK, RUSSELL		1.2 NAME	
ADDRESS: 7091 COOLIDGE STREET		1.3 STREET ADDRESS	
ST ZIP: HOLLYWOOD FL		1.4 CITY-ST-ZIP	
VPD		2.1 TITLE: VP	☐ Change ☐ Addition
SCONZO, ROBERT		2.2 NAME: BRUCE GLASER	
ADDRESS: 4956 N. HEMMINGWAY CIR.		2.3 STREET ADDRESS: 4323 NW 65 TERR	
ST ZIP: MARGATE FL		2.4 CITY-ST-ZIP: CORAL SPGS, FL 33067	
STSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
LYONS, BOB		3.2 NAME	
ADDRESS: 5712 SETON DRIVE		3.3 STREET ADDRESS	
ST ZIP: MARGATE FL		3.4. CITY-ST-ZIP	
T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
INSKO, RUSSELL		4. 2 NAME	
ADDRESS: 3505 W. ATLANTIC		4.3 STREET ADDRESS	
ST ZIP: POMPANO FL		4.4 CITY-ST-ZIP	
S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ZAK, RICK		5.2 NAME	
ADDRESS: 649 W. OAKLAND, #108-A		5.3 STREET ADDRESS	
ST ZIP: OAKLAND PARK FL		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
* MR. SCONZO IS CURRENTLY ON A		6.2 NAME	
ADDRESS: MEDICAL LEAVE OF ABSENCE		6.3 STREET ADDRESS	
ST ZIP: * RESIGNED		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ROBERT SIGNATURE REQUIRED 1/4/99 1-954-496-7845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #