


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90056 044 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N44309**

1. Corporation Name  
**HOLLYWOOD WILDCAT SOCCER CLUB, INC.**

Principal Place of Business: P.O. BOX 5846, HOLLYWOOD FL 33083  
 Mailing Address: P.O. BOX 5846, HOLLYWOOD FL 33083

\* 1 1017861 90056 44



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0271670	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TATE, J. KENNETH 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI FL 33161				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLATTMAN, STEVE			1.2 NAME			
STREET ADDRESS	3161 NORTH 52ND AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SABRA, RICHARD			2.2 NAME			
STREET ADDRESS	3151 N. 52 AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZOLOT, LARRY			3.2 NAME			
STREET ADDRESS	3521 NORTH 33RD TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TATE, J. KENNETH			4.2 NAME			
STREET ADDRESS	4500 N. HILLS DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			4.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUTTY, GARTH			5.2 NAME			
STREET ADDRESS	4200 SW 52ND COURT, #5			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33314			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PERRY MARGE			6.2 NAME			
STREET ADDRESS	5521 SOUTHWEST 44TH TERRACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			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, with all other like empowered.

SIGNATURE: Kenneth Tate 1/15/99 (305) 891-1106  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Treasurer

CR2E037 (1/98)