


FILE NOW: FILING FEE IS \$61.25

FILED  
May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005198 (5)**

1. Corporation Name  
**SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.**



Principal Place of Business <b>12323 91ST TERRACE NORTH SEMINOLE FL 34642</b>	Mailing Address <b>12323 91ST TERRACE NORTH SEMINOLE FL 34642</b>
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3. Date Incorporated or Qualified <b>11/02/1995</b>
4. FEI Number <b>59-3341458</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State <b>Seminole FLA</b> 23 Zip <b>33772</b> 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <b>Seminole FLA</b> 28 Zip <b>33772</b> 29 Country <b>Pineillas</b> 30
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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

9. Name and Address of Current Registered Agent

**TAYLOR, JACK**  
**12323 91ST TERRACE NORTH**  
**SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name <b>B.I. Killalea</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12343 91 TER NO</b>
83
84 City <b>Seminole FLA</b>
85 Zip Code <b>FL 33772</b>

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 **JACK TAYLOR** *Jack Taylor* DATE **1/29/98**

Signature, typed or printed name of registered agent and title, if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>TAYLOR, JACK</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>12323 91ST TERRACE NORTH</b>		
CITY-ST-ZIP <b>SEMINOLE FL 34642</b>		
TITLE <b>D</b>	NAME <b>SHAW, WES</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>12323 91ST TERRACE NORTH</b>		
CITY-ST-ZIP <b>SEMINOLE FL 34642</b>		
TITLE <b>D</b>	NAME <b>KELLY, DANIEL</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>12323 91ST TERRACE NORTH</b>		
CITY-ST-ZIP <b>SEMINOLE FL 34642</b>		
TITLE <b>D</b>	NAME <b>WALKER, SUSAN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>12323 91ST TERRACE NORTH</b>		
CITY-ST-ZIP <b>SEMINOLE FL 34642</b>		
TITLE <b>D</b>	NAME <b>BILL KILLALEA</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>12343-91ST TER. N.</b>		
CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>		
TITLE	NAME	<input type="checkbox"/> DELETE
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 *Bill Killalea*

CR2E037 (1097)