


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90149 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000005198			
1. Corporation Name SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.			
Principal Place of Business 12323 91ST TERRACE NORTH SEMINOLE FL 34642		Mailing Address 12343 91ST TERRACE NORTH SEMINOLE FL 33772 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 11/02/1995	
				4. FEI Number 59-3341458	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

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	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 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

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			11 TITLE			
NAME	KILLALEA, BILL			12 NAME			
STREET ADDRESS	12343 91ST TERRACE NORTH			13 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 33772			14 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, WES			22 NAME			
STREET ADDRESS	12323 91ST TERRACE NORTH			23 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34642			24 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, SUSAN			32 NAME	D MARCIA GIBBS		
STREET ADDRESS	12323 91ST TERRACE NORTH			33 STREET ADDRESS	12323 91ST TERR. N.		
CITY-ST-ZIP	SEMINOLE FL 34642			34 CITY-ST-ZIP	SEMINOLE, FL. 34642		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

727-392-8631

Daytime Phone #

CR2E037 (1/98)