


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 28 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001812 (4)
 1. Corporation Name
M.S. DOUGLAS TRACK AND FIELD BOOSTER CLUB, INC.



Principal Place of Business 5815 N.W. 96TH DR. PARKLAND FL 33076	Mailing Address 5815 N.W. 96TH DR. PARKLAND FL 33076-1842
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1996	3b. Date of Last Report
21	26	4. FEI Number 65-0656426		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAY, KATE 5815 N.W. 96TH DR. PARKLAND FL 33076				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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERSTINE, STEVEN	1.2 NAME	Kate Day
STREET ADDRESS	4871 N.W. 101 AVE.	1.3 STREET ADDRESS	5815 NW 96 Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	Parkland, FL 33076
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, KATE	2.2 NAME	Linda Dickens
STREET ADDRESS	5815 N.W. 96TH DR.	2.3 STREET ADDRESS	4733 NW 96 Drive
CITY-ST-ZIP	PARKLAND FL 33076	2.4 CITY-ST-ZIP	Coral Springs FL 33076
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADING, PEGGY	3.2 NAME	Peggy Nading
STREET ADDRESS	12264 W. SAMPLE RD.	3.3 STREET ADDRESS	12264 W Sample Rd
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	Coral Springs FL 33065
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LINDA	4.2 NAME	Linda Wright
STREET ADDRESS	5811 N.W. 72ND WAY	4.3 STREET ADDRESS	3674 NW 98 Terr
CITY-ST-ZIP	PARKLAND FL 33067	4.4 CITY-ST-ZIP	Coral Springs FL 33065
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Linda Wright* Linda Wright 1/11/97 954 970.3582
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028254

CR2E037 (9/96)