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 Feb 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004395 (6)
 1. Corporation Name

BOYS AND GIRLS CLUBS OF MIAMI NORTHWEST PROPERTY FOUNDATION, INC.



Principal Place of Business 2805 S.W. 32ND AVE. MIAMI FL 33133		Mailing Address 3906 S.W. 32ND AVE. MIAMI FL 33133		3. Date Incorporated or Qualified 08/01/1997	
21		2a. Mailing Address P.O. BOX 330219		4. FEI Number 65-073 1996	
22		27		Applied For Not Applicable	

2. Principal Place of Business 21		2a. Mailing Address 26 P.O. BOX 330219		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State MIAMI FL		City & State MIAMI FL			
24		29		30	
Zip Country US		Zip Country US			

9. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., STE. 485 SOUTH HOLLYWOOD FL 33021				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SEPLER, RICHARD M			1.2 NAME			
STREET ADDRESS	2805 S.W. 32ND AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERNHARDT, JAMES T			2.2 NAME			
STREET ADDRESS	2805 S.W. 32ND AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LANGER, JACK			3.2 NAME			
STREET ADDRESS	2805 S.W. 32ND AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRAMER, ROBERT M			4.2 NAME			
STREET ADDRESS	2805 S.W. 32ND AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REBOZO, CHARLES G			5.2 NAME			
STREET ADDRESS	2805 S.W. 32ND AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			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 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: _____

CR2E037 (10/97)