

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N10423** (4)
1. Corporation Name

MARKHAM SKEET & TRAP CLUB, INC.



Principal Place of Business: P.O. BOX 130298, SUNRISE FL 33313-7003
Mailing Address: P.O. BOX 130298, SUNRISE FL 33313-7003

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/25/1985
3a. Date of Last Report: 12/01/1995
4. FEI Number: 65-0140081
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
NORRIS, STEVE
41 N.E. 45TH COURT
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81 Name: **AL SCOOLER**
82 Street Address (P.O. Box Number is Not Acceptable): **7175 NOVA DR. #507**
83
84 City: **DAVIE** FL 85 Zip Code: **33317**

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: *AL G. SCOOLER* AL G. SCOOLER DATE: April 22, 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, STEVE	
STREET ADDRESS	41 N.E. 45TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, JAMES L	
STREET ADDRESS	1874 NW 106 TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HEMPEL, STEPHANIE	
STREET ADDRESS	2375 TALLEHASSE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARTEN, RICHARD	
STREET ADDRESS	861 N.W. 80 TERR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, DORIS	
STREET ADDRESS	6260 N.W. 17TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KESSELL, DAVE	
STREET ADDRESS	2225 MCKINLEY ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AL SCOOLER	
1.3 STREET ADDRESS	7175 NOVA DR. #507	
1.4 CITY-ST-ZIP	DAVIE, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE DYLL	
2.3 STREET ADDRESS	2230 NE 48th ST	
2.4 CITY-ST-ZIP	LIGHTHOUSE PT., FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERI SCOOLER	
3.3 STREET ADDRESS	7175 NOVA DR. #507	
3.4 CITY-ST-ZIP	DAVIE, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JIM CONTI	
4.3 STREET ADDRESS	604 S. Fed. Hwy	
4.4 CITY-ST-ZIP	DANIA, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	IZZY SUGARMAN	
5.3 STREET ADDRESS	1904 OCEAN DR #806-S.	
5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DAVE KNA?P	
6.3 STREET ADDRESS	2265 SW 15th ST	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/22/96 DAYTIME PHONE #: 954-923-2996

CR2E037 (12/95)