


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90026 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10423
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/25/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0140081
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DYLL, GEORGE 2230 NE 48TH ST. LIGHTHOUSE POINT FL 33064				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLINE, ERIC	1.2 NAME	
STREET ADDRESS	777 RIVERSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, SCOTT	2.2 NAME	
STREET ADDRESS	4141 NE 12TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33064	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, CELIA	3.2 NAME	SD Jeff Mcloy
STREET ADDRESS	119 HOLIDAY DR.	3.3 STREET ADDRESS	2301 S. Congress Ave #1723
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	Boynton Beach, Fla. 33426
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM CONTI	4.2 NAME	TD ED ORENSTEIN
STREET ADDRESS	604 S. FED. HWY	4.3 STREET ADDRESS	2203 Discovery Circle West
CITY-ST-ZIP	DANIA FL	4.4 CITY-ST-ZIP	Deerfield, Fla. 33442
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZZY DUGARMAN	5.2 NAME	
STREET ADDRESS	1904 OCEAN DR. 806-S	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *4/19/99* Date _____ Daytime Phone # _____

CR2E037 (11/98)