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May 05 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 # 700090 (4)
1. Corporation Name
SOUTHWEST BROWARD JUNIOR ATHLETIC ASSOCIATION, INC.



Principal Place of Business 62ND AVENUE & 33RD STREET P. O. BOX 4942 HOLLYWOOD FL 33083-4942	Mailing Address 62ND AVENUE & 33RD STREET P. O. BOX 4942 HOLLYWOOD FL 33083-4942
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3. Date Incorporated or Qualified 10/23/1959	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0340805	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent
MASSARD, KELLI
7341 BILTMORE BLVD
MIRAMAR FL 33023

10. Name and Address of New Registered Agent	
81 Name Connie Higgins	85 Zip Code 33023
82 Street Address (P.O. Box Number is Not Acceptable) 6921 S.W. 27 street	
83	
84 City Miramar	85 FL

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: Connie Higgins - Connie Higgins, President 4/16/97
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V/D
NAME	HIGGINS, CONNIE	1.2 NAME	mark Crocker
STREET ADDRESS	6921 SW 27TH STREET	1.3 STREET ADDRESS	6463 S.W. 28 street
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE	S	2.1 TITLE	F/D
NAME	IRIZARRY, ALICE	2.2 NAME	mekanie Parker
STREET ADDRESS	3404 SW 63RD WAY	2.3 STREET ADDRESS	7905 Panama Street
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE	TD	3.1 TITLE	S/D
NAME	MASSARD, KELLI	3.2 NAME	Evelyn Hankins
STREET ADDRESS	7341 BILTMORE BLVD	3.3 STREET ADDRESS	17201 NW 42 Ave
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	Miami FL 33055
TITLE	TO	4.1 TITLE	
NAME	MASSARD, KELLI	4.2 NAME	
STREET ADDRESS	7341 BILTMORE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Connie Higgins Connie Higgins 4/16/97 (954)962 0372
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone # 0026327

CR2E037 (9/96)