


NONPROFIT CORPORATION ANNUAL REPORT 1999-00		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700090

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21	26	10/23/1959		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	65-0340805		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing				\$5.00 May Be Added to Fees
Trust Fund Contribution				<input type="checkbox"/>

9. Name and Address of Current Registered Agent

HIGGINS, CONNIE  
6921 S.W. 27 STREET  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name Albert Debnay  
82 Street Address (P.O. Box Number is Not Acceptable) 3808 E. Lake Terr  
83 100003273301--5  
84 City Miramar -05/01/00--P10403 Zip Code 33023

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-08-00

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	HIGGINS, CONNIE	1.2 NAME	Albert Debnay
STREET ADDRESS	6921 SW 27TH STREET	1.3 STREET ADDRESS	3808 E. Lake Terr.
CITY-ST-ZIP	MIRAMAR FL 32303	1.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE	TD	2.1 TITLE	Treasurer
NAME	PARKER, MELANIE	2.2 NAME	Andy Elias
STREET ADDRESS	7905 PANAMA STREET	2.3 STREET ADDRESS	3809 E. Shore Rd.
CITY-ST-ZIP	MIRAMAR FL 33023	2.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE	SD	3.1 TITLE	Secretary
NAME	HANKINS, EVELYN	3.2 NAME	Paula Tronolone
STREET ADDRESS	17201 NW 42ND AVENUE	3.3 STREET ADDRESS	6716 Ixora Drive
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE		4.1 TITLE	Secretary
NAME		4.2 NAME	Bert Nigro
STREET ADDRESS		4.3 STREET ADDRESS	3805 E. Shore Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE		5.1 TITLE	VICE PRESIDENT
NAME		5.2 NAME	LARRY Southers - T.
STREET ADDRESS		5.3 STREET ADDRESS	6921 SW 33 St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-00