

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 714452 (0)
1. Corporation Name
OPA-LOCKA OPTIMIST CLUB BOYS WORK EXTENSION, INC



Principal Place of Business Mailing Address
330 SHARAZAD BLVD 330 SHARAZAD BLVD
P O BOX 667 P O BOX 667
OPA LOCKA FL 33054-3594 OPA LOCKA FL 33054-3544

3. Date Incorporated or Qualified 04/17/1968 3a. Date of Last Report 11/12/1996
4. FEI Number 59-6159269 Applied For Not Applicable
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

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

9. Name and Address of Current Registered Agent
HINTON, MARVIN P
17201 N.W. 51ST PLACE
MIAMI FL 33055

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HINTON, MARVIN	
STREET ADDRESS	17201 N.W. 51ST PLACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BROWN, ED	
STREET ADDRESS	15520 N.W. 19TH AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MURRAY, CAROL	
STREET ADDRESS	15520 N.W. 19TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KELLEY, JOE	
STREET ADDRESS	485 DUAND AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCCLOUD, WANDA	
STREET ADDRESS	3000 N.W. 191 ST.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: MARVIN P. HINTON 2-18-97 621-3717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024999

CR2E037 (9/96)