

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734523 (4)

1. Corporation Name
PLANTATION ATHLETIC LEAGUE, INC.



Principal Place of Business: P.O. BOX 16303 PLANTATION FL 33318
Mailing Address: P.O. BOX 16303 PLANTATION FL 33318

3. Date Incorporated or Qualified: 12/05/1975
3a. Date of Last Report: 02/06/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 23-7049795	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROLF, ROGER 1741 NW 95TH AVENUE PLANTATION FL 33322	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: DYKE, CLIFF	1.1 TITLE: Vice President → Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7000 SW 16TH ST	CITY-ST-ZIP: PLANTATION FL	1.2 NAME: Ted Crespi	
		1.3 STREET ADDRESS: 1041 N.W. 93rd Terrace	
		1.4 CITY-ST-ZIP: Plantation, FL 33322	
TITLE: VPD	NAME: ROLF, ROGER	2.1 TITLE: President → Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1741 NW 95 AVE	CITY-ST-ZIP: PLANTATION FL	2.2 NAME: Rolf, Roger	
		2.3 STREET ADDRESS: 1741 NW 95 Ave	
		2.4 CITY-ST-ZIP: Plantation, FL 33322	
TITLE: TO → Director	NAME: ADSIT, NAOMI	3.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7420 SW 15ST	CITY-ST-ZIP: PLANTATION FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: PD	NAME: MALKA, SOL	4.1 TITLE: Secretary → Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1021 NW 97TH AVENUE	CITY-ST-ZIP: PLANTATION FL	4.2 NAME: Tom Loyll	
		4.3 STREET ADDRESS: 7451 N.W. 7th Ct	
		4.4 CITY-ST-ZIP: Plantation, FL 33317	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Add on
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Naomi Cohen-Adesit* 4/16/96 (954) 797-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)