

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743297 (4)**  
1. Corporation Name  
**CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.**



Principal Place of Business <b>10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065</b>	Mailing Address <b>10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065-3945</b>
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3. Date Incorporated or Qualified <b>06/16/1978</b>	3a. Date of Last Report <b>02/01/1996</b>
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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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4. FEI Number <b>16-0070026</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WEISSMAN ESQ., HAROLD  
4597 N. UNIVERSITY DR.  
LAUDERHILL FL 33351**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, LIBBY	1.2 NAME	FISCHER, JIM
STREET ADDRESS	1704 VESTAL DRIVE	1.3 STREET ADDRESS	1704 VESTAL DR
CITY-ST-ZIP	CORAL SPRGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINA, TONY	2.2 NAME	RECANI RAY
STREET ADDRESS	11251 NW 21ST ST	2.3 STREET ADDRESS	11762 NW 26TH ST
CITY-ST-ZIP	CORAL SPRGS FL	2.4 CITY-ST-ZIP	CORAL SPR. FL 33065
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAM, BEVERLY	3.2 NAME	WHITMAN, JIM
STREET ADDRESS	288 NW 10TH TERR	3.3 STREET ADDRESS	12253 NW 29TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPR FL 33065
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEEFE, KEVIN V.	4.2 NAME	
STREET ADDRESS	11220 NW 40 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 or changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/10/97 DAYTIME PHONE: 954-344-0000

CR2E037 (9/96)