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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744908**

1. Corporation Name
JUNIOR ORANGE BOWL COMMITTEE, INC.

Principal Place of Business	Mailing Address
1390 S. DIXIE HIGHWAY STE 2202 CORAL GABLES FL 33146	1390 S. DIXIE HIGHWAY STE 2202 CORAL GABLES FL 33146

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 11/13/1978

4. FEI Number: 59-2189635 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO
4801 RIVIERA DRIVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ADMIRE, JOHN G.
82 Street Address (P.O. Box Number is Not Acceptable): 2511 Ponce deLeon Blvd
83: Suite 320
84 City: Coral Gables **FL** 85 Zip Code: 33134

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 _____ (JOHN G. ADMIRE) DATE 3/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDREW, LINDA		1.2 NAME		
STREET ADDRESS	6461 SW 43 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, GLORIA		2.2 NAME		
STREET ADDRESS	9335 SW 72 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		
TITLE	T/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIER, BOB		3.2 NAME		
STREET ADDRESS	2900 COLUMBUS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	P/D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TRELLES, ALBERT		4.2 NAME		
STREET ADDRESS	4801 RIVIERA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	VP/D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	ESTEVEZ, KATHRYN		5.2 NAME	BROWN, LINDA	
STREET ADDRESS	9833 SW 92 AVENUE		5.3 STREET ADDRESS	3945 Loquat Ave	
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	VP/D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	STEINBAUER, J.R.		6.2 NAME		
STREET ADDRESS	5598 NW 102 PLACE		6.3 STREET ADDRESS	President (new title)	
CITY-ST-ZIP	MIAMI FL 33178		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #