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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT. CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758777** (7)

1. Corporation Name
FOREST HILLS YOUTH SOCCER LEAGUE, INC.



Principal Place of Business 13127 TIFTON DRIVE P.O. BOX 271834 TAMPA FL 33688	Mailing Address 13127 TIFTON DRIVE P.O. BOX 271834 TAMPA FL 33688-1834
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3. Date Incorporated or Qualified 06/15/1981	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2129790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MUSIAL, A.J., JR.
4830 W. KENNEDY BLVD., STE. 750
TAMPA FL 33609**

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		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIDWELL, RONALD R	
STREET ADDRESS	4111 HUDSON WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	MUSIAL, A J JR	
STREET ADDRESS	13127 TIFTON DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JEANNE M	
STREET ADDRESS	11101 WINTHROP WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNAUSS, STEVEN	
STREET ADDRESS	13804 BRYANHURST MANOR COURT	
CITY - ST - ZIP	TAMPA FL	
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEBBY KAMPERT	
5.3 STREET ADDRESS	6720 FRONTIER LANE	
5.4 CITY - ST - ZIP	TAMPA FL 33625	
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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 1/24/97 (813) 286-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049452

CR2E037 (9/96)