## FILE NOW: FILING FEE IS \$61.25



## Sandra B. Mortham

NONPROFIT CORPORATION ANNUAL REPORT  1998  FLORIDA DEPARTM Secretary of DIVISION OF COI		<b>Mortham</b> of State	May 13 1998 8:00am Secretary of State	
pocul	MENT # 759959	(0)		
	ER HOLLYWOOD SOCCER	LEAGUE, INC.		
Principal Place of Business Mailing Address				r sadin chabe dike sakd teks seld ten des) bidk bidk dibli bibli bibli bibli
7944 INDIGO STREET 7944 INDIGO STREE MIRAMAR FL 33023 MIRAMAR FL 33023				3. Date Incorporated or Qualified  09/09/1981  4. FEI Number Applied For
<u></u>				59-2349038 Not Applicable
2. Principal Place of Business		2e. Mailing Address		5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	Yes No  8. This corporation owes or has paid the current year Intangible
24	25	29 3	0	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
1 con				Connic Haggins  ddynas (P.O. Box Number is Obracceptable)
7044 INDIGO STREET				69215W 27 Street
MRAMAR FL 33023				
84 City Miramar FL 85 Zip Code 33023				
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.				
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	( Drace-	Manies		9/28/98
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS (NOTE: 1	Registered Agent eignature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	Change Addition
NAME	MONTANEZ, JIMI		1.2 NAME	
STREET ADDRESS	7667 TROPICANA ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MIRAMAR FL 33023 DV	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	BOOS, STEPHEN	_ beach	2.2 NAME	
STREET ADDRESS	7944 INDIGO STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	·	2. 4 CITY-ST-ZIP	
TITLE	STD BATTOOM	☐ DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS	BOOS, PATRICIA 7944 INDIGO STREET		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change 📈 Addition
NAME			4.2 NAME	Connie thiggins 69215.w. 27 Street Miramar Fl 33023
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS	69215. W. 27 Street
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP	Change Addition
NAME			6.1 TITLE 6.2 NAME	Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

Increasy permy manune information supplied with this filling 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.

**FILED**