

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1990



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

DOCUMENT # **N04647** (6)

1. Corporation Name

SOUTH DADE QUARTERBACK CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 901732
HOMESTEAD FL 33090
US

P.O. BOX 901732
HOMESTEAD FL 33090
US

3. Date Incorporated or Qualified
08/10/1984

3a. Date of Last Report
09/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
23-0025281

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELY, TIMOTHY R
16521 SW 594 TR
HOMESTEAD FL 33033**

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 of 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

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	P	1.1 TITLE	P
NAME	ELY, TIMOTHY R.	1.2 NAME	DEBBYE BINDER
STREET ADDRESS	16521 S.W. 294	1.3 STREET ADDRESS	16900 SW 236 ST.
CITY-ST-ZIP	HOMESTEAD FL 33033	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33023
TITLE	VP	2.1 TITLE	VP
NAME	BINDER, DEBRA I	2.2 NAME	SCOTT BINDER
STREET ADDRESS	16900 SW 236 STREET	2.3 STREET ADDRESS	16900 SW 236 ST
CITY-ST-ZIP	HOMESTEAD FL 33033	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33023
TITLE	T	3.1 TITLE	D
NAME	BROUGHTON, WILLIAM K	3.2 NAME	ANA MENENDEZ
STREET ADDRESS	27701 SW 164 AVE	3.3 STREET ADDRESS	23401 SW 167 AVE
CITY-ST-ZIP	HOMESTEAD FL 33031	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33023
TITLE	DS	4.1 TITLE	D
NAME	BOGGS, COLLEEN	4.2 NAME	DON DRINKHAW
STREET ADDRESS	16300 SW 184 ST	4.3 STREET ADDRESS	23401 SW 167 AVE
CITY-ST-ZIP	MIAMI FL 33187	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	D	5.1 TITLE	D
NAME	WARING PEGGY	5.2 NAME	TONY MENENDEZ
STREET ADDRESS	22640 S.W. 172 CT.	5.3 STREET ADDRESS	23401 SW 167 AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	D	6.1 TITLE	
NAME	AMES SANDRA	6.2 NAME	
STREET ADDRESS	25500 SW 162 AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

1.1 TITLE	P	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
1.2 NAME	DEBBYE BINDER				
1.3 STREET ADDRESS	16900 SW 236 ST.				
1.4 CITY-ST-ZIP	HOMESTEAD, FL 33023				
2.1 TITLE	VP	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
2.2 NAME	SCOTT BINDER				
2.3 STREET ADDRESS	16900 SW 236 ST				
2.4 CITY-ST-ZIP	HOMESTEAD, FL 33023				
3.1 TITLE	D	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
3.2 NAME	ANA MENENDEZ				
3.3 STREET ADDRESS	23401 SW 167 AVE				
3.4 CITY-ST-ZIP	HOMESTEAD, FL 33023				
4.1 TITLE	D	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
4.2 NAME	DON DRINKHAW				
4.3 STREET ADDRESS	23401 SW 167 AVE				
4.4 CITY-ST-ZIP	HOMESTEAD, FL 33033				
5.1 TITLE	D	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
5.2 NAME	TONY MENENDEZ				
5.3 STREET ADDRESS	23401 SW 167 AVE				
5.4 CITY-ST-ZIP	HOMESTEAD, FL 33033				
6.1 TITLE		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
6.2 NAME	900001867039				
6.3 STREET ADDRESS	-06/19/96--01059--013				
6.4 CITY-ST-ZIP	***61.25				

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date: **4/15/96** (805) 233-5501
Daytime Phone: **10-15-910 (305) 217-0078**

CR2E037 (12/95)

CS 6/18/96