

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: P.O. BOX 901732, HOMESTEAD FL 33090, US
Mailing Address: 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 (21-24) and Mailing Address (2a-26) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **23-0025281**
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
**ELY, TIMOTHY R
16521 SW 594 TR
HOMESTEAD FL 33033**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ELY, TIMOTHY R.	
STREET ADDRESS	16521 S.W. 294	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BINDER, DEBRA I	
STREET ADDRESS	16900 SW 236 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BROUGHTON, WILLIAM K	
STREET ADDRESS	27701 SW 164 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BOGGS, COLLEEN	
STREET ADDRESS	16300 SW 184 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARING PEGGY	
STREET ADDRESS	22640 S.W. 172 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMES SANDRA	
STREET ADDRESS	25500 SW 162 AVE.	
CITY-ST-ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DEBBYE BINDER	
13 STREET ADDRESS	16900 SW 236 ST.	
14 CITY-ST-ZIP	HOMESTEAD, FL 33033	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SCOTT BINDER	
23 STREET ADDRESS	16900 SW 236 ST	
24 CITY-ST-ZIP	HOMESTEAD, FL 33033	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ANA MENENDEZ	
33 STREET ADDRESS	23401 SW 167 AVE	
34 CITY-ST-ZIP	HOMESTEAD, FL 33033	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DON DRINKHANN	
43 STREET ADDRESS	23401 SW 167 AVE	
44 CITY-ST-ZIP	HOMESTEAD, FL 33033	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	TONY MENENDEZ	
53 STREET ADDRESS	23401 SW 167 AVE	
54 CITY-ST-ZIP	HOMESTEAD, FL 33033	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	900001867039	
63 STREET ADDRESS	-06/19/96--01059--013	
64 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 AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Date: **4/15/96** (205) 233-5501
Daytime Phone: **10-15-910 (305) 217-0078**

CR2E037 (12/95)