

**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

25 Country

28 Zip

30 Country

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**  DELETE  
NAME **ELY, TIMOTHY R.**  
STREET ADDRESS **16521 S.W. 294**  
CITY-ST-ZIP **HOMESTEAD FL 33033**

11 TITLE **P**  Change  Addition  
12 NAME **DEBBYE BINDER**  
13 STREET ADDRESS **16900 SW 236 ST.**  
14 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **VP**  DELETE  
NAME **BINDER, DEBRA I**  
STREET ADDRESS **16900 SW 236 STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33033**

21 TITLE **VP**  Change  Addition  
22 NAME **SCOTT BINDER**  
23 STREET ADDRESS **16900 SW 236 ST**  
24 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **T**  DELETE  
NAME **BROUGHTON, WILLIAM K**  
STREET ADDRESS **27701 SW 164 AVE**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

31 TITLE **D**  Change  Addition  
32 NAME **ANA MENENDEZ**  
33 STREET ADDRESS **23401 SW 167 AVE**  
34 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **DS**  DELETE  
NAME **BOGGS, COLLEEN**  
STREET ADDRESS **16300 SW 184 ST**  
CITY-ST-ZIP **MIAMI FL 33187**

41 TITLE **D**  Change  Addition  
42 NAME **DON DRINKHANN**  
43 STREET ADDRESS **23401 SW 167 AVE**  
44 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **D**  DELETE  
NAME **WARING PEGGY**  
STREET ADDRESS **22640 S.W. 172 CT.**  
CITY-ST-ZIP **MIAMI FL**

51 TITLE **D**  Change  Addition  
52 NAME **TONY MENENDEZ**  
53 STREET ADDRESS **23401 SW 167 AVE**  
54 CITY-ST-ZIP **HOMESTEAD, FL 33023**

TITLE **D**  DELETE  
NAME **AMES SANDRA**  
STREET ADDRESS **25500 SW 162 AVE.**  
CITY-ST-ZIP **HOMESTEAD FL**

61 TITLE **900001867039**  Change  Addition  
62 NAME **-06/19/96--01059--013**  
63 STREET ADDRESS **\*\*\*61.25**  
64 CITY-ST-ZIP

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 SIGNING OFFICER OR DIRECTOR

Date: **4/15/96** (805) 233-5501  
Daytime Phone: **10-15-910 (305) 247-0078**

CR2E037 (12/95)

CS 6/18/96