

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 P.O. BOX 901732
HOMESTEAD FL 33090 HOMESTEAD FL 33090-1732
US US

3. Date Incorporated or Qualified 08/10/1984
3a. Date of Last Report 06/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-0025281		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINDER, DEBBIE	1.2 NAME	T MARSHALL Cathy
STREET ADDRESS	16900 SW 286 ST	1.3 STREET ADDRESS	25388 SW 133 st
CITY-ST-ZIP	HOMESTEAD FL 33033	1.4 CITY-ST-ZIP	Princeton Fla 33032
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDER, SCOTT	2.2 NAME	
STREET ADDRESS	16900 S.W. 286 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, ANA	3.2 NAME	
STREET ADDRESS	28401 SW 167 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRINKHAHN, DON	4.2 NAME	
STREET ADDRESS	28401 SW 167 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, TONY	5.2 NAME	
STREET ADDRESS	28401 SW 167 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE _____ 4/29/97 305-4201

CR2E037 (9/96)