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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
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
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P DELETE
NAME BINDER, DEBBIE
STREET ADDRESS 16900 SW 286 ST
CITY-ST-ZIP HOMESTEAD FL 33033
TITLE VP DELETE
NAME BINDER, SCOTT
STREET ADDRESS 16900 S.W. 286 STREET
CITY-ST-ZIP HOMESTEAD FL 33033
TITLE D DELETE
NAME MENENDEZ, ANA
STREET ADDRESS 28401 SW 167 AVE
CITY-ST-ZIP HOMESTEAD FL 33033
TITLE D DELETE
NAME DRINKHAHN, DON
STREET ADDRESS 28401 SW 167 AVE
CITY-ST-ZIP HOMESTEAD FL 33033
TITLE D DELETE
NAME MENENDEZ, TONY
STREET ADDRESS 28401 SW 167 AVE
CITY-ST-ZIP HOMESTEAD FL 33033
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME T
1.3 STREET ADDRESS MARSHALL Cathy
1.4 CITY-ST-ZIP 25388 SW 133 st
Princeton Fla 33032
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 [Signature] 4/29/97 305-4200

CR2E037 (9/96)