

FILE NOW: FILING FEE IS \$61.25

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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam - Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO4647 (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
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3. Date Incorporated or Qualified 08/10/1984	
4. FEI Number 23-0025281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

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 Robert E Moehling
82 Street Address (P.O. Box Number is Not Acceptable) 34815 Country Club Road
83
84 City Homestead FL 85 Zip Code 33034**

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: *Robert Moehling* DATE: **2.5.98**

12. OFFICERS AND DIRECTORS		DELETED
TITILE	T	<input checked="" type="checkbox"/>
NAME	MARSHALL, CATHY	
STREET ADDRESS	25386 S.W. 133 CT	
CITY-ST-ZIP	PRINCETON FL	
TITILE	D	<input checked="" type="checkbox"/>
NAME	MENENDEZ, ANA	
STREET ADDRESS	28401 SW 187 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITILE	D	<input checked="" type="checkbox"/>
NAME	DRINKHAHN, DON	
STREET ADDRESS	28401 SW 187 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITILE	D	<input checked="" type="checkbox"/>
NAME	MENENDEZ, TONY	
STREET ADDRESS	28401 SW 187 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITILE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITILE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President (D)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ROBERT E. MOEHLING		
1.3 STREET ADDRESS	34815 COUNTRY CLUB ROAD - Pres.		
1.4 CITY-ST-ZIP	HOMESTEAD, FL 33034		
2.1 TITLE	V-Pres Nancy Piero (D)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Nancy Piero		
2.3 STREET ADDRESS	18300 SW 292 St		
2.4 CITY-ST-ZIP	Homestead FL 33030		
3.1 TITLE	Secretary (D)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Caprice Freeman		
3.3 STREET ADDRESS	2806 San Remo Circle		
3.4 CITY-ST-ZIP	Homestead FL 33035		
4.1 TITLE	TREASURER (T)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	JUDITH L. TURNER		
4.3 STREET ADDRESS	24575 SW 193 AV		
4.4 CITY-ST-ZIP	HST FL. 33031		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *apkaia* *See* DATE: **2.5.98 305-247-0721**

CR2E037 (10/97)