## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

**/**E\

| 1. Corporation Name (5)                                       |  |                                    |                            |                      |   |                                   |
|---|--|------------------------------------|----------------------------|----------------------|---|-----------------------------------|
| BROWARD ENDURANCE SPORTS TEAM, INC.                           |  |                                    |                            |                      |   |                                   |
| 5110111   | THE ENDOUGHTOL OF OUR  | C I LI (III) (IIIO)                |                            |                      |   |                                   |
| Dringing Class  | n of Dunings   | Mailing Address                    |                            | ·                    |   |                                   |
| Principal Place of Business Mailing Address                   |  |                                    |                            |                      |   |                                   |
| 1303 CORDOVA ROAD 1303 CORDOVA ROAD                           |  |                                    | 40                         |                      | 3. Date Incorporated or Qualified   |                                   |
| FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 3                 |  |                                    | ne                         |                      | 10/28/1986  |                                   |
|   |  |                                    |                            |                      | 4. FEI Number   | Applied For                       |
| Principal Place of Business   2a. Mailing Address             |  |                                    |                            | <del>.</del>         | 59-2757129  | Not Applicable                    |
| 21 26   |  |                                    | ¬ ••••••                   |                      | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |
| Suite, Apt. #, etc. Suite, Apt. #                             |  |                                    |                            |                      | 6. Election Campaign Financing  | \$5.00 May Be                     |
| 22  |  | 27                                 | 27                         |                      | Trust Fund Contribution   | Added to Fees                     |
| City & State  | 9  | City & State                       | City & State               |                      | 7. Is this nonprofit corporation a homeow   | ners association?                 |
| 23  |  | 28                                 |                            |                      | ☐ Yes ☐ No  |                                   |
| Zip   | Country Zip  |                                    | 'Country                   | 7                    | 8. This corporation owes or has paid the  |                                   |
| 24 25 29 3<br>9. Name and Address of Current Registered Agent |  |                                    | 30                         |                      | Personal Property Tax due June 30.  10. Name and Address of New Registers                       | Yes No                            |
|   | J. Hame and Address of Carre   | ont negisterad Agent               | 81                         | Name                 | TO. Name and Address of New Registers   | so rigent                         |
| GAINES  | REPTON   |                                    |                            |                      |   |                                   |
| GAINES, BERTON<br>1303 CORDOVA ROAD                           |  |                                    | 82                         | Street Addi          | ress (P.O. Box Number is Not Acceptable)  |                                   |
| FT. LAUDERDALE FL 33316                                       |  |                                    | 83                         |                      |   |                                   |
| . (. = 165 = 157 = = 1 = 1600   5                             |  |                                    | 84                         | City                 |   | - 85 Zip Code                     |
|   |  |                                    |                            |                      | F   | ·L                                |
| 11. Pursuant t  | to the provisions of Sections 617.05   | 502 and 617.1508, Florida Statute  | s, the above               | e-named corp         | poration submits this statement for the purposition's board of directors. I hereby accept the a | a of changing its registered      |
| agent. I a  | m familiar with, and accept the obli   | igations of, Section 617.0503, Flo | rida, Statutes             | s.                   | ions board of directors. Thereby docept the a   | appointment as registered         |
| SIGNATURE _   |  | 71000                              | 0 )                        |                      | red when reinstating) DATE  |                                   |
| 12.   | Signature, typed or printed name of registered agent and title if applicable. (NOTI OFFICERS AND DIRECTORS |                                    | 13.                        | int signature reduir | red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS A  |                                   |
| TITLE   | VD DELETE  |                                    | 1.1 TITLE                  |                      |   | Change Addition                   |
| NAME  | MARREN, ROBERT   |                                    | 1.2 NAME                   |                      |   |                                   |
| STREET ADDRESS  | 130 N.E. 2ND AVE.  |                                    | 1.3 STREET                 | ADDRESS              |   |                                   |
| CITY-ST-ZIP   | DANIA FL   |                                    | 1.4 CITY - S               | T-21P                |   |                                   |
| TITLE   | SD DELETE  |                                    | 2.1 TITLE                  | )                    |   | Change Addition                   |
| NAME  | RYAN, A.J.   |                                    | 2.2 NAME                   | 1                    |   |                                   |
| STREET ADDRESS  | 5691 WOODLAND LANE   |                                    | 2.3 STREET                 | 1                    | -   |                                   |
| CITY-ST-ZIP<br>TITLE  | PD DELETE  |                                    | 2. 4 CITY - 5<br>3.1 TITLE | ST-ZIP               |   | Change Addition                   |
| NAME  | GAINES, BERTON   |                                    | 3.1 MLE<br>3.2 NAME        |                      |   | ☐ Ollarige ☐ Addition             |
| STREET ADDRESS  | 1303 CORDOVA ROAD  |                                    | 3.3 STREET                 | ADDRESS              |   |                                   |
| CITY-SY-ZIP   | FT. LAUDERDALE FL  |                                    | 3.4. CITY-S                | 1                    |   |                                   |
| TITLE   | D  | ☐ DELETE                           | 4.1 TITLE                  |                      |   | Change Addition                   |
| NAME  | DEPRETORO, TOM   |                                    | 4. 2 NAME                  |                      |   |                                   |
| STREET ADDRESS  | P. O. BOX 10009 NA   |                                    | 4.3 STREET ADDRESS         |                      |   |                                   |
| CITY - ST - ZIP   | POMPANO FL   |                                    | 4.4 CITY-ST-ZIP            |                      |   |                                   |
| TITLE   | DELETE   |                                    | 5,1 TITLE                  |                      |   | Change Addition                   |
| NAME  |  |                                    | 5.2 NAME                   |                      |   |                                   |
| STREET ADDRESS  |  |                                    | 5.3 STREET                 |                      |   |                                   |
| CITY-ST-ZIP<br>TITLE  | DELETE   |                                    | 5.4 CITY - S               | T-ZIP                |   | Change Addition                   |
| i i   |  |                                    | 6.1 TITLE<br>6.2 NAME      |                      |   | The original The original         |
| NAME<br>STREET ADDRESS  |  |                                    | 6.3 STREET                 | ADDRESS              |   |                                   |
| CITY-ST-7IP   |  |                                    | 6.4 CITY-S                 | 1                    |   |                                   |

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information out is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

**SIGNATURE** 

**FILED** 

Jan 21 1998 8:00am

Secretary of State