


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19812** (9)

1. Corporation Name

THE PLANTATION SWIM TEAM BOOSTER CLUB, INC.



Principal Place of Business 9141 NW 2ND ST PLANTATION FL 33324	Mailing Address 9141 NW 2ND ST PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/17/1987		3a. Date of Last Report 03/08/1996	
Suits, Apt. #, etc. 22		Suits, Apt. #, etc. 27		4. FEI Number 65-0046849		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FIELDS, SAMUEL S. RUDEN, BARNETT, ET AL 110 E. BROWARD BLVD., PH-B FT. LAUDERDALE FL 33302				10. Name and Address of New Registered Agent 81 Name JANG MAHONEY 82 Street Address (P.O. Box Number is Not Acceptable) 6101 BANYAN TERRACE 83 84 City PLANTATION FL 85 Zip Code 33317			
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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 **Jane Mahoney (Treasurer-Director)** **Jane Mahoney** **9-4-97**
Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOLGER, JUNE			1.2 NAME			
STREET ADDRESS	9141 NW 2ND ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTLE, DENISE			2.2 NAME			
STREET ADDRESS	9141 NW 2ND STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PARMENTER, ANGELA			3.2 NAME	JANG MAHONEY		
STREET ADDRESS	9141 NW 2ND STREET			3.3 STREET ADDRESS	9141 N.W. 2ND ST.		
CITY-ST-ZIP	PLANTATION FL			3.4 CITY-ST-ZIP	PLANTATION, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PARMENTER, JIM			4.2 NAME	LANA COAN		
STREET ADDRESS	9141 NW 2ND ST			4.3 STREET ADDRESS	9141 N.W. 2ND ST.		
CITY-ST-ZIP	PLANTATION FL			4.4 CITY-ST-ZIP	PLANTATION, FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ECOTT, MADELINE			5.2 NAME	PAT GOODWIN		
STREET ADDRESS	9141 NW 2ND ST			5.3 STREET ADDRESS	9141 N.W. 2ND ST		
CITY-ST-ZIP	PLANTATION FL			5.4 CITY-ST-ZIP	PLANTATION, FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIELDS, JOE			6.2 NAME			
STREET ADDRESS	9141 N.W. 2ND STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			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 **STONATRE REQUIRED**

CR2E037 (4/97)