

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21623 (6)

1. Corporation Name

MIAMI SKYLINERS STADIUM CLUB, INC.



Principal Place of Business

Mailing Address

C/O RICHARD S. BERNSTEIN
1551 FORUM WAY, SUITE 300-A
WEST PALM BEACH FL 33401

C/O RICHARD S. BERNSTEIN
1551 FORUM WAY, SUITE 300-A
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
07/20/1987

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0036250

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, RICHARD S.
1551 FORUM PLACE, SUITE 300-A
WEST PALM BEACH FL 33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BERNSTEIN, RICHARD S.
STREET ADDRESS 1551 FORUM PLACE
CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☐ DELETE

NAME LODGE, ROBERT J.
STREET ADDRESS 7301 NW 32ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME BAKST, DANIEL L.
STREET ADDRESS 2450 METROCENTRE BLVD.
CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☐ DELETE

NAME KELLER, BRUCE
STREET ADDRESS 18000 STATE ROAD 9
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE

NAME WEAVER, RICK
STREET ADDRESS 1401 N. BAY CAUSEWAY
CITY-ST-ZIP N. BAY VILLAGE FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)