

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1997 AUG 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22124 (4)

1. Corporation Name

KEY WEST JUNIOR FOOTBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2372
KEY WEST FL 33045-2372

POST OFFICE BOX 2372
KEY WEST FL 33045-2372

3. Date Incorporated or Qualified
08/19/1987

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0072292

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

LEWIN, KURT
2916 HARRIS AVE.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

KURT LEWIN

82 Street Address (P.O. Box Number is Not Acceptable)

401 WHITE ST.

83

84 City

KEY WEST, FLA. FL

85 Zip Code

33040

11. Pursuant to the provisions of Sections 617.0501 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 of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/10/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HOGOWSKI, DAVID	3801 CINDY AVE.	KEY WEST FL 33040	<input checked="" type="checkbox"/>
VD	GREGORY, BONITA J	156 STADIUM TRAILER PARK	KEY WEST FL	<input checked="" type="checkbox"/>
SD	ROBERTS, LYNN M	506 VIRGINIA ST.	KEY WEST FL 33040	<input checked="" type="checkbox"/>
TD	LEWIN, KURT	2916 HARRIS AVE.	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRES.	WOOD, NORMAN JR.	1021 WASHINGTON ST.	KEY WEST, FLA. 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALEXANDRA LETO	5570 McDONALD AVE	KEY WEST, FLA. 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SCARLETT	6000 2271 548	KEY WEST, FLA. 33040	<input type="checkbox"/>	<input type="checkbox"/>
	BARBARA SALAZAR	19 HABUROS DR	KEY WEST, FLA. 33040	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

REINSTATEMENT

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 (Kurt Lewin) 8/19/96

Daytime Phone # 305-296-5533