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

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

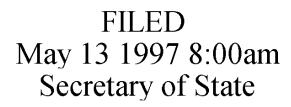
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

POMPANO BEACH BASS FIGHTERS INCORPORATED





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Principal Place of Business Mailing Address						a ibealidi kis irabi airib) disab sitii mir	FI W FID 14 W 1 W 1 F W 1 W 1 I	W1811 W11	Til Biste imme	
1441 NE 31 COURT 1441 NE 31 COURT POMPANO BEACH FL 33064 POMPANO BEACH FL 3306										
						3. Date Incorporated or Qualified 11/18/1987	3a. Date of 06/2	Last R 4/199		
<ol> <li>Principal P</li> </ol>	race of Business	2a. Mailing Address				4. FEI Number 59-2786030	Applied For Not Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	\$8.75 Additional Fee Required		
City & Stat	e	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry	, , , , , , , , , , , , , , , , , , ,	8. This corporation has liability for in	tangible tax u	nder s	199.032,	
24	25	29	30				Yes 🔲 No			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	latered Agen	ì		
				81	Name					
NYSTRAND, DOROTHY COLLINS 1441 NE 31ST COURT				82 Street Add		dress (P.O. Box Number is Not Acceptable	e)	*********		
	NO BEACH FL 33064			83						
			, i	84	City		FL 85	Zip (	Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statu	tes, the al	boy	e-named co	rporation submits this statement for the pu ation's board of directors. I hereby accept		ging it	s registered	
	egistered agent, or both, in the state im familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stat	utes	s.	mions board of directors, I hereby accept	tue sphoutin	DIN MS	registered	
SIGNATURE .	Signature: typed or printed name of registered agr	ent and title if applicable. (NO	TE: Registere	d Age	ant signature req	dred when reinstating)	DATE		<del></del>	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTOR	IS IN 12	
TITLE	D	DELETE	1.1 TITL				C	hange	Addition	
NAME	DEBELLIS, MARK		12 N	AME						
STREET ADDRESS	11570 ISLAND LAKE LANE		1.3 \$		ADDRESS					
CITY-ST-7P	BOCA RATON FL		1.4 0							
TITLE	D	DELETE 2.1						hange	Addition	
NAME	MERINO, CHET	2.2		2.2 NAME						
STREET ADDRESS	3035 CORAL RIDGE DR.				ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL				ST-ZIP					
TITLE	D	DELETE 3.					٥ بــا	hange	Addition	
NAME	DAVIS, MARK		3.2 N							
STREET ADDRESS	437 13T STREET				T ADDRESS					
CITY - ST - ZIP	POMPANO BEACH FL	7 851 676			51-21P				Addition	
TITLE	D D	DELETE	4.1 Ti		-		L) (	hange	Addition	
NAME	LACKEY, SEAN		4. 2 N		·					
STREE1 ADDRESS	400 EAST ATLANTIC, #4				TADORESS					
CITY - ST - ZIP	POMPANO BEACH FL	I T an eve		•	ST-ZIP		, , , , , , , , , , , , , , , , , , ,	haarr	AUJur	
TITLE	D DODOTING	☐ DELETE	5.1 TI		1		ں لیا	hange	Addition	
NAME	NYSTRAND, DOROTHY C.		5.2 N							
STREET ADDRESS	1441 NE 31ST CT.				T ADDRESS					
CITY-ST-ZIP	POMPANO BCH FL	FT SCIE**			ST-ZIP		775	hanes	a alatat	
TITLE		☐ DELETE	6.1 TI		ļ		اللا الله	hange	Addition	
NAME			6.2 N		1					
STREET ADDRESS			1		T ADDRESS					
CITY-ST-ZIP			6.4 C	TY-S	ST - ZIP	······································		<del> </del>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

Daytime Phone # 0021954