


FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24779 (3) 1. Corporation Name DICK HOWSER ALLSTAR SHOWCASE, INC.					
Principal Place of Business 526 S.E. 5TH AVENUE DELRAY BEACH FL 33483			Mailing Address 526 S.E. 5TH AVENUE DELRAY BEACH FL 33483		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0030379	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLER, BOB 526 S.E. 5TH AVENUE DELRAY BEACH FL 33483				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	
10. Name and Address of New Registered Agent				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				DATE	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	NAME		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MARCUM, JACK	CITY-ST-ZIP		1.2 NAME	
CITY-ST-ZIP	2154 BIMINI DRIVE WEST PALM BEACH FL	CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	VD	NAME		1.4 CITY-ST-ZIP	
STREET ADDRESS	HARVEY, CURT R	CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	1879 BARTLETT CT. LAKE CLARKE SHORES FL 33406	CITY-ST-ZIP		2.2 NAME	
TITLE	TD	NAME		2.3 STREET ADDRESS	
STREET ADDRESS	MILLER, BOB	CITY-ST-ZIP		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	526 S.E. 5TH AVE. DELRAY BEACH FL	CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	NAME		3.2 NAME	
STREET ADDRESS	PERERA, EMILIO	CITY-ST-ZIP		3.3 STREET ADDRESS	
CITY-ST-ZIP	1402 E LIBBY DR W PALM BCH FL	CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP		4.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

BOB MILLER

1-9-1998 561-278-4553

CR2E037 (10/97)