

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.)

Amended

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

96 NOV -4 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N-24892**

1. Corporation Name

MIRAMAR QUARTER BACK CLUB, INC

Principal Place of Business

Mailing Address

MIRAMAR High School

**3601 S.W. 89th Ave
MIRAMAR, FL 33025**

000001998690--0

-11/07/96--01025--006

*****61.25 *****61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		2-18-88			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0018978		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**Sylvester Johnson Jr
1874 S.W. 176 Way
Miramar, FL 33029**

81 Name **Lloyd C. Rose**
82 Street Address (P.O. Box Number is Not Acceptable)
7840 EMBASSY BLVD
83
84 City **MIRAMAR** FL 85 Zip Code **33023**

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 **Lloyd C. Rose**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE PID				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME Lloyd C. Rose							
1.3 STREET ADDRESS 7840 EMBASSY BLVD							
1.4 CITY-ST-ZIP MIRAMAR, FL 33023							
2.1 TITLE VID				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME Ferdinand Cuevas Jr							
2.3 STREET ADDRESS 6556 MIRAMAR PARKWAY							
2.4 CITY-ST-ZIP MIRAMAR, FL 33023							
3.1 TITLE SECRETARY				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME Kathy Sanders							
3.3 STREET ADDRESS 6225 RAMONA STREET							
3.4 CITY-ST-ZIP MIRAMAR, FL 33023							
4.1 TITLE TID				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME ROY SANDERS							
4.3 STREET ADDRESS 6225 RAMONA STREET							
4.4 CITY-ST-ZIP MIRAMAR, FL 33023							
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

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: **Lloyd C. Rose**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/96 305-257-406

CR2E037 (3/96)