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SECRETARY OF STATE
TREASURY DEPT. FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # N33312
1. Corporation Name
Fort Lauderdale High School
Athletic Association Inc.

Principal Place of Business Mailing Address
1600 N.E. 4th Ave 1600 N.E. 4th Ave
Ft. Lauderdale, FL Ft. Lauderdale, FL
33305 33305

2. Principal Place of Business 2a. Mailing Address
21 1600 N.E. 4th Ave 26 1600 N.E. 4th Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ft. Lauderdale FL 28 Ft. Lauderdale FL
24 33305 25 USA 29 33305 30 USA

9. Name and Address of Current Registered Agent
Catherine M. BANTA
1409 Middle River Drive
Ft. Lauderdale, FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
5/94

4. FEI Number 650151063 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

7. Nonprofit with IRS 501(c)(3) \$68.75 Supplemental
Tax Exempt Status Fee Not Required

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

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when certifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	Director
NAME	Catherine M. BANTA	1.2 NAME	Catherine M. BANTA
STREET ADDRESS	1409 Middle River Dr.	1.3 STREET ADDRESS	1409 Middle River Dr.
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	Secretary	2.1 TITLE	Director
NAME	Teri Studiale	2.2 NAME	Teri Studiale
STREET ADDRESS	4309 N.E. 23rd Ave	2.3 STREET ADDRESS	4309 N.E. 23rd Ave
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	Treasurer	3.1 TITLE	Director
NAME	Judy Severns	3.2 NAME	Judy Severns
STREET ADDRESS	618 N.E. 3rd Ave	3.3 STREET ADDRESS	618 N.E. 3rd Ave
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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: Catherine M. Banta (Catherine M. BANTA) 305 565-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR