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Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33903 (8)

1. Corporation Name

MCARTHUR HIGH SCHOOL QUARTERBACK CLUB INC.



Principal Place of Business	Mailing Address
6501 HOLLYWOOD BLVD. HOLLYWOOD FL 33024	6501 HOLLYWOOD BLVD. HOLLYWOOD FL 33024-7647

3. Date Incorporated or Qualified 08/22/1989	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
BROWN, STEWART, T 6501 HOLLYWOOD BLVD. HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name Glenn Delbert
82 Street Address (P.O. Box Number is Not Acceptable) 6501 Hollywood Blvd
83 Hollywood Fl. 33024
84 City FL 85 Zip Code

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 *[Signature]* DATE **9/15/97**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VISALLI, ROSANNE
STREET ADDRESS	7431 N.W. 1ST CT.
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DAY, BEVERLY
STREET ADDRESS	6671 ARTHUR ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	STR <input checked="" type="checkbox"/> DELETE
NAME	AGUILAR, FRANCES
STREET ADDRESS	1880 PARK STREET
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry J. Jackson
1.3 STREET ADDRESS	8811 S.W 23 ST
1.4 CITY-ST-ZIP	Miramar, FL. 33023
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mike Maher
2.3 STREET ADDRESS	4631 S.W 108 Ave.
2.4 CITY-ST-ZIP	FT. Lauderdale, FL. 33328
3.1 TITLE	STR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dorothy Henfield
3.3 STREET ADDRESS	6501 Grant Court
3.4 CITY-ST-ZIP	Hollywood, FL. 33024
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE **9/15/97** **954.437-2650**

CR2E037 (9/96)