

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 12: 27

DOCUMENT # N34104 (2)

1. Corporation Name
DADE COUNTY ALL STARS INC.

Principal Place of Business Mailing Address
C/O JAN CAMPBELL **C/O JAN CAMPBELL**
8300 NW 172ND STREET **8300 NW 172ND STREET**
HIALEAH FL 33015-3746 **HIALEAH FL 33015-3746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/07/1989	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0171364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CAMPBELL, JEANETTE 8300 NW 172ND STREET HIALEAH FL 33015-3746		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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ROBIN BAKER	1.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN BAKER	1.2 NAME Chuck Fleming	
STREET ADDRESS	1342 WESTWARD DR	1.3 STREET ADDRESS 11358 S.W. 163rd Street	
CITY - ST - ZIP	MIAMI FL 33166	1.4 CITY - ST - ZIP Miami, Florida 33157	
TITLE D	DWIGHT FLOWERS	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWIGHT FLOWERS	2.2 NAME MIKE La CROIX	
STREET ADDRESS	9821 DYNHILL DR	2.3 STREET ADDRESS 11548 Gilmore Street	
CITY - ST - ZIP	MIRAMAR FL 33025	2.4 CITY - ST - ZIP Key West, Florida 33040	
TITLE D	DIRECTOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Kroeger	3.2 NAME	
STREET ADDRESS	11548 New Castle Lane	3.3 STREET ADDRESS	
CITY - ST - ZIP	Davie, FL 33331	3.4 CITY - ST - ZIP	
TITLE D	BILL HELLER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL HELLER	4.2 NAME	
STREET ADDRESS	18620 SW 88TH ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	4.4 CITY - ST - ZIP	
TITLE D	ANDY BOWERS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY BOWERS	5.2 NAME	
STREET ADDRESS	2701 SW 96TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33185	5.4 CITY - ST - ZIP	
TITLE D	TOM BENTON	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM BENTON	6.2 NAME	
STREET ADDRESS	10801 SW 254TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEADE FL 33031	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: Jeanette D. Campbell Jeanette D. Campbell 3/2/95 305-625-6360

N341104

**DADE COUNTY ALL STARS 1994-95 SEASON
OFFICERS, DIRECTORS AND TOURNAMENT OFFICIALS**

President: Chuck Fleming	11358 S.W. 163rd Street Miami, FL 33157	252-3806	8-31-96
Vice President: Myla Wexler	11201 S.W. 55th St. Box 427 Miramar, FL 33025	621-1799	8-31-95
Executive Secretary: Jan Campbell	8300 N.W. 172nd Street Hialeah, FL 33015	625-6360 (W) 362-4674 (H)	8-31-96
Sgt-At-Arms: Francie Little	10910 S.W. 72nd Street Miami, FL 33173	598-0831	8-31-96
Sgt-At-Arms: Gordon Kroeger	14850 New Castle Lane Davie, FL 33331	434-8850	8-31-95

DIRECTORS

Harold Anderson	34450 S.W. 202 Avenue Homestead, FL 33034	237-2585	8-31-96
Robin Baker	1342 Westward Drive Miami Springs, FL 33166	888-9118 (H) 471-2070 (W)	8-31-96
Dwight Flowers	9621 Dunhill Drive Miramar, FL 33025	433-0322	8-31-96
Bill Heller	18620 S.W. 88th Road Miami, FL 33157	253-2475	8-31-96
Andy Bowers	2701 S.W. 96th Avenue Miami, FL 33165	223-7388 (H) 666-1355 (W)	8-31-95
Mike LaCroix	11548 Gilmore Drive Key West, FL 33040	294-1820 (H) 293-2450 (W)	8-31-96
Tom Benton	15881 S.W. 254th Street Homestead, FL 33031	247-3659 (H) 248-1986 (W)	8-31-95
John Pecora	1688 Meridian Avenue Miami Beach, FL 33139	538-1424 (W)	8-31-95
Joe Rodrigues	890 West 51st Place Hialeah, FL 33012	822-5498	8-31-95
Nancy Kroeger	14850 New Castle Lane Dvie, FL 33331	434-8850	8-31-95
Tournament Secretary: Tournament Director: Tournament Statistician:	Harold Harper Murray Wexler Etta Judah	388-2299 (H) - 237-2723 (W) 621-1799 621-7383	

Dade County All Stars, Inc.