

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34104 (2)**

1. Corporation Name  
**DADE COUNTY ALL STARS INC.**



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

3. Date Incorporated or Qualified: **09/07/1989**  
3a. Date of Last Report: **04/10/1995**  
4. FEI Number: **65-0171364**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

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 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

TITLE	<b>N. President</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, ROBIN</b>	
STREET ADDRESS	<b>1342 WESTWARD DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DWIGHT FLOWERS</b>	
STREET ADDRESS	<b>9621 DYNHILL DR</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KROEGER, NANCY</b>	
STREET ADDRESS	<b>11548 NEW CASTLE LANE</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BILL HELLER</b>	
STREET ADDRESS	<b>18620 SW 88TH ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDY BOWERS</b>	
STREET ADDRESS	<b>2701 SW 96TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOM BENTON</b>	
STREET ADDRESS	<b>15881 SW 254TH STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LaCroix, Dave</b>	
1.3 STREET ADDRESS	<b>548 Sand Drive</b>	
1.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Young, Ronnie</b>	
2.3 STREET ADDRESS	<b>10210 SW 194 St</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL 33157</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gordon, Kevin</b>	
3.3 STREET ADDRESS	<b>15930 SW 74 Street</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33193</b>	
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	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Janoff, James</b>	
5.3 STREET ADDRESS	<b>10041 SW 221st</b>	
5.4 CITY-ST-ZIP	<b>Miami, FL 33190</b>	
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Block, Donna</b>	
6.3 STREET ADDRESS	<b>6721 SW 127 PL</b>	
6.4 CITY-ST-ZIP	<b>Miami, FL</b>	

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 N Campbell* 2/25/96 954-430-7298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)