


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90059 003 ****61.25

0023770

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42076					
1. Corporation Name SPARTAN'S DIAMOND BOOSTER CLUB, INC.					
Principal Place of Business 3500 N. 45TH AVE. HOLLYWOOD FL 33021			Mailing Address 3500 N. 45TH AVE. HOLLYWOOD FL 33021		



2. Principal Place of Business 21 3680 SW. 60 Ave Suite, Apt. #, etc. #2 City & State DAVIE Fla. Zip 33314 Country U.S.		2a. Mailing Address 26 3680 SW. 60 Ave Suite, Apt. #, etc. #2 City & State DAVIE Fl. Zip 33314 Country U.S.		3. Date Incorporated or Qualified 02/14/1991	
		4. FEI Number 15-5349319		Applied For <input type="checkbox"/> 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	
9. Name and Address of Current Registered Agent WEIL, KENNETH J. MIAMI CENTER 10TH FLOOR 201 S BISCAYNE BLVD MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Robert C. Walker 82 Street Address (P.O. Box Number is Not Acceptable) 83 3680 SW. 60 Ave #2 84 City DAVIE FL 85 Zip Code 33314	
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 <i>[Signature]</i> DATE 2/7/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD.	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANDELL, DOUG			1.2 NAME			
STREET ADDRESS	9300 S.W. 55 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33328			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, ROBERT			2.2 NAME			
STREET ADDRESS	3680 SW 60TH AVENUE APT 2			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33314			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMPSHIRE, LINDA			3.2 NAME			
STREET ADDRESS	3021 NORTH 73 AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date **2/7/99** Daytime Phone # **954-752-1282**

CR2E037 (11/98)