


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1996 SEP 12 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43519** (0)

1. Corporation Name

**TAMARAC ATHLETIC FEDERATION, INC.**

Principal Place of Business

P.O. BOX 26806  
TAMARAC FL 33320

Mailing Address

P.O. BOX 26806  
TAMARAC FL 33320

3. Date Incorporated or Qualified **05/22/1991** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☒

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRELL, DONALD G  
10075 RAMBLEWOOD DRIVE  
CORAL SPRINGS FL 33071

81 Name **MELVIN Amchir**  
82 Street Address (P.O. Box Number is Not Acceptable) **4513 NW 93RD TERRACE**  
83  
84 City **SUNRISE** FL 85 Zip Code **33351**

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 Melvin Amchir Treasurer

8/5/96

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>PRESIDENT DIRECTOR</b>
NAME	<b>BARR, LESTER</b>	1.2 NAME	<b>JOHN BAKER</b>
STREET ADDRESS	<b>6017 NW 77TH AVE</b>	1.3 STREET ADDRESS	<b>6911 NW 82 CT</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	<b>TAMARAC FLORIDA</b>
TITLE	VD	2.1 TITLE	<b>VICE PRESIDENT DIRECTOR</b>
NAME	<b>BAKER, JOHN</b>	2.2 NAME	<b>STEVE HARRINGTON</b>
STREET ADDRESS	<b>6011 NW 82 CT.</b>	2.3 STREET ADDRESS	<b>693 NW 83RD ST</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	<b>TAMARAC FL 33321</b>
TITLE	SD	3.1 TITLE	<b>SECRETARY</b>
NAME	<b>TERRELL, DONALD G</b>	3.2 NAME	<b>STEVEN MARCUS</b>
STREET ADDRESS	<b>10075 RAMBLEWOOD DRIVE</b>	3.3 STREET ADDRESS	<b>8000 NW 51ST ST</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>LAUDERHILL FLORIDA 33351</b>
TITLE	TD	4.1 TITLE	<b>TRANSURAN</b>
NAME	<b>ZIADY, ABE</b>	4.2 NAME	<b>MELVIN Amchir</b>
STREET ADDRESS	<b>8124 NW 68 TERR.</b>	4.3 STREET ADDRESS	<b>4513 NW 93RD TERRACE</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	<b>SUNRISE FLORIDA 33351</b>
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)(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:

SIGNATURE REQUIRED Melvin Amchir 8/5/96 748-0196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)