

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 24 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N49784 (4)

1. Corporation Name
SOUTH FLORIDA UNITED YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business 9600 W SAMPLE RD SUITE 500 CORAL SPRINGS FL 33065 US	Mailing Address 9600 W SAMPLE RD SUITE 500 CORAL SPRINGS FL 33065 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country

3. Date Incorporated or Qualified 07/09/1992	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0343781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALABASTER, HOWARD I.
9600, W SAMPLE RD
SUITE 500
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	BURKHART, JEFFREY	
STREET ADDRESS	4481 NW 113TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, KAREN	
STREET ADDRESS	4001 WOODSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMSON, TOM	
STREET ADDRESS	8205 NW 38TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, JENNIFER	
STREET ADDRESS	7435 NW 53RD STREET	
CITY-ST-ZIP	LAUDERHILL FL	
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 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUDY RUYTENBEEK	
1.3 STREET ADDRESS	9351 NW 15th STREET	
1.4 CITY-ST-ZIP	PLANTATION, FL 33327	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT FIELDS	
2.3 STREET ADDRESS	10948 NW 21st DRIVE	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL FRIEDMAN	
3.3 STREET ADDRESS	2141 N. UNIVERSITY DRIVE	
3.4 CITY-ST-ZIP	SUNRISE, FL 33322	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBIN MOSER-KATZ	
4.3 STREET ADDRESS	9721 NW 51st STREET	
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
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		

300002303573
-09/25/97--01069--017
*****245.00**

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 _____ Vice President

CR2E037 (4/97)