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 # **N92000000189 (2)**

1. Corporation Name

TEAM FORT LAUDERDALE, INC.

Principal Place of Business

PO BOX 350404
FT LAUDERDALE FL 33335-0404

Mailing Address

PO BOX 350404
FT LAUDERDALE FL 33335-0404

3. Date Incorporated or Qualified: **11/09/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21 | Street, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: **65-0414685** ☐ 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 (Please notify Dept. of Revenue!)

9. Name and Address of Current Registered Agent

Dempsey,
DEMPSY, PERRY
2424 FLAMINGO LANE
FT LAUDERDALE FL 33312

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: (Signature of New Registered Agent, if changing) (NOTE: Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACA, LARRY 2448 ANDROS LANE FT LAUDERDALE FL 33312	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, ZED 4107 PLAYER CIRCLE ORLANDO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMPSEY, PERRY 2424 FLAMINGO LANE FT LAUDERDALE FL 33312	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	32808 (ZIP CODE)	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 added on an attachment with an address.

SIGNATURE: Larry Baca — 1/23/96 — (954)321-8213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #