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

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9200000189 (2)

TEAM FORT LAUDERDALE, INC.

## **FILED** Feb 09 1998 8:00am Secretary of State

| te Incorporated or Qualified |  |
|------------------------------|--|

| Principal Place of Business Mailing Address  |                       |  |                             |  | 1 control ata latin tratt antit latit latit latit latit |  |  |  |  |
|--|-----------------------|--|-----------------------------|--|---|--|--|--|--|
| PO BOX 350404 PO BOX 350404 FT LAUDERDALE FL 33335-0404 FT LAUDERDALE FL 33335-0404  |                       |  | 335-0404                    |  |   | 3. Date Incorporated or Qualified 11/09/1992                                       |  |  |  |
|  |                       |  |                             |  |   |  |  | 4. FEI Number Applied For  |  |
|  |                       |  |                             |  |   |  |  | 65-0414685 Not Applicable  |  |
| 2. Principal Place of Business 2a. Mailing Address 21  |                       |  |                             |  |   | 5. Certificate of Status Desired \$8.75 Additional Fee Required                    |  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27   |                       |  |                             |  |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |  |  |  |
| City & State         City & State           23         28  |                       |  | City & State                |  |   |  | 7. Is this nonprofit corporation a homeowners association? |  |  |
| Zip  | _                     | Country  |                             | Zip  | Co  | untry  | ,  | 8. This corporation owes or has paid the current year Intangible   |  |
| 24   |                       | 26   | 29                          |  | 30  | 30   |  | Personal Property Tax due June 30. Yes No  |  |
|  | 9. Name               | and Address of Cui                             | rrent Regis                 | tered Agent                                |   | L  | ,  | 10. Name and Address of New Registered Agent   |  |
|  | . –                   |  |                             |  |   | 81   | Name   |  |  |
|  | Y, PERRY<br>AMINGO LA | ME   |                             |  |   | 82   | Street A   | Address (P.O. Box Number is Not Acceptable)  |  |
|  | ERDALE F              |  |                             |  |   | 83   |  |  |  |
|  |                       |  |                             |  |   | 84   | City   | FL 85 Zip Code   |  |
| 11. Pursuant to  | to the provis         | ons of Sections 617.<br>ent, or both, in the S | 0502 and 6<br>tate of Flori | 17.1508, Florida Sta<br>da. Such change wa | itutes, the a   | bove<br>d by   | e-named c  | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as 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, typed      | or printed name of registered                  |                             |  |   | d Age  | ni signature n   | required when reinstating) DATE  |  |
| 12.  | _                     | OFFICERS                                       | AND DIREC                   | DELETE                                     | 13.<br>1.1 1  | ידו ר  | <u>-</u>   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |  |
| TITLE  | D                     | ADDV   |                             | CO DECEME                                  |   |  |  |  |  |
| NAME   | BACA, L               | DROS LANE                                      |                             |  |   | IAME   | ADDRESS  |  |  |
| STREET ADDRESS   |                       | ERDALE FL 33312                                | )                           |  |   |  | II-ZIP   |  |  |
| CITY-ST-ZIP<br>TITLE   | D                     | THUMEL I E 333 I                               | <u> </u>                    | DELETE                                     | 2.1   |  | 91-24  | Change Addition  |  |
| NAME   | EVANS,                | 7FD  |                             |  |   | IAME   |  | -  |  |
| STREET ADDRESS   |                       | AYER CIRCLE                                    |                             |  |   |  | ADDRESS  |  |  |
| CITY-ST-ZIP  | ORLAND                |  |                             |  |   |  | ST-ZIP   |  |  |
| TITLE  | Ď                     |  |                             | ☐ DELETE                                   | 3.1 7   | ITLE   |  | ☐ Change ☐ Addition  |  |
| NAME   | DEMPSE                | Y, PERRY                                       |                             |  | 3.2 8   | IAME   |  |  |  |
| STREET ADDRESS   | 2424 FL               | AMINGO LANE                                    |                             |  | 3.3 5   | THEET  | ADDRESS  |  |  |
| CITY-ST-ZIP  | FT LAUE               | DERDALE FL 33312                               | 2                           |  | 3.4.  | CITY-  | ST-ZIP   |  |  |
| TITLE  |                       |  |                             | ☐ DELETE                                   | 4.11  | ITLE   |  | Change Addition  |  |
| NAME   |                       |  |                             |  | 4. 2  | NAME   |  |  |  |
| STREET ADDRESS   |                       |  |                             |  | 4.3 5   | TREET  | ADDRESS  |  |  |
| CITY-ST-ZIP  |                       |  |                             |  |   |  | T-ZIP  |  |  |
| TITLE  |                       |  |                             | DELETE                                     | 5.11  |  |  | ☐ Change ☐ Addition  |  |
| NAME   |                       |  |                             |  |   | AME  |  |  |  |
| STREET ADDRESS   |                       |  |                             |  |   |  | ADDRESS  |  |  |
| CITY-ST-ZIP  |                       |  |                             | DELETE                                     |   |  | T-ZIP  | Change Addition  |  |
| TITLE  |                       |  |                             | L. VELETE                                  | 6.11  |  | ]  | C Change Mullifull   |  |
| NAME   |                       |  |                             |  |   | IAME<br>TREET  | ADDRECE  |  |  |
| STREET ADDRESS   |                       |  |                             |  |   |  | ADDRESS  |  |  |
| CITY-ST-ZIP  |                       |  |                             |  | 6.4 (   | 41Y-5  | T-ZIP  |  |  |

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 cath; that I am an officer or director of the corporation or the receiver a 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 chapted, or on an attachment with an address.

2/98