

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9200000189

TEAM FORT LAUDERDALE, INC.

Principal Place of Business PO BOX 350404 FT LAUDERDALE FL 33335-0404

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #. etc.

PO BOX 350404

FT LAUDERDALE FL 33335-0404

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90101 020 \*\*\*\*61.25

Applied For

Not Applicable \$8.75 Additional

373787 - 90063 - 12

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/09/1992

65-0414685

4. FEI Number

City & Swar		<u> </u>	ny ar outlo				1	5. Certifcati	e of Status Des	ired	IJ	Fee Re	quired
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Zlp	Country	<del></del>			· · · · · ·		-		Campaign Finand Contribution	_	- <b>0</b>	Added to	
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	9. Name and Address of C	urrent Register	ec wasin		81	Name	<u> </u>						
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DEMPSEY, PERRY					82	Street A	Address	(P.O. Box N	lumber is Not A	Accepta	pie)		
2424 FLA	MINGO LANE												
FT LAUDE	ERDALE FL 33312				83					•			1
				}	84	City				•		85 Zip C	ode
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11. Pursuant	to the provisions of Sections 61 registered agent, or both, in the	7.0502 and 617	1508, Florida Stat	utes, the al	pove	-named	comora	tion submits	this statement	for the	purpose of	changing its	registered
office or I	registered agent, or both, in the i am familiar with, and accept the i	State of Florida. obligations of, Se	Such change was ection 617.0503, F	konda Statu	ites.	mer corpo	e nousk	DOME OF UR	actors. Triorido	y accep	t uto appoi		,,,,,,,,,,
											•		
SIGNATURE	Signature, typed or printed name of registe	red agent and title if ap	plicable. (NO	T E Registered	Agerk	signature re	equired wh	en minstelling)			DATE		
12.	OFFICER	RS AND DIRECT	ORS	13.				ADDITION	IS/CHANGES	TO OF	ICERS AN		
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TITLE			☐ DELETE	51 TIT	LE	· }						[] Change	☐ Addition
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me	<u> </u>		☐ DELETE	6.1 TIT	LE.							☐ Change	☐ Addition
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CITY-ST-ZIP				6.4 CIT	Y-ST-	-ZNP							í
44 16	certify that the information suppli	ied with this filling	does not qualify	for the ever	notic	n stated	in Sect	ion 119.07(3	)(·), Florida Sta	tutes.	further cer	tify that the in	formation
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 onth; 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													
onicer of Block 12	or Block 13 if changed, or on an	attachment with	an address, with	all other like	9 em	powered	j,	o, o.mpor	,			,pp-	-
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	SIGNATURE AND TO	PEDOK PRINTED NA	ME OF BIGHING OFFIC	ER OR DIRECT	OR				Date		. Di	tyumi Phone F	