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FILED

Feb 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004130 (1)

1. Corporation Name

NORTHWEST BROWARD RAIDERS, INC.

Principal Place of Business

6411 S.W. 7TH STREET  
MARGATE FL 33068

Mailing Address

6411 S.W. 7TH STREET  
MARGATE FL 33068-15133. Date Incorporated or Qualified  
09/14/19933a. Date of Last Report  
04/25/1996

4. FEI Number

65-0459762

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21 3674 NW 98 Terrace

Suite, Apt. #, etc:

22

City &amp; State

23 Coral Springs FL

Zip

24 33065

Country

25 Broward

2a. Mailing Address

26 3674 NW 98 Terr

Suite, Apt. #, etc:

27

City &amp; State

28 Coral Springs FL

Zip

29 33065

Country

30 Broward

9. Name and Address of Current Registered Agent

WRIGHT, LINDA  
6411 S.W. 7TH STREET  
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

Linda Wright

82 Street Address (P.O. Box Number is Not Acceptable)

3674 NW 98 Terrace

83

84 City

Coral Springs

FL

85 Zip Code

33065

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD  
BUCCI, MARCELLO  
790 S.W. 54TH AVENUE  
MARGATE FL 33068☐ DELETE

TITLE

VD  
BUCCI, REGINA M  
790 S.W. 54TH AVENUE  
MARGATE FL 33068☐ DELETE

TITLE

SD  
GRAZIOSE, CHERYL  
1560 S.W. 63RD AVENUE  
POMPANO BEACH FL 33068☐ DELETE

TITLE

TD  
WRIGHT, LINDA  
6411 S.W. 7TH STREET  
MARGATE FL 33068☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 and typed or printed name of signing officer or director

Date

Deputy Phone # 00000000

CR2E037 (9/96)