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Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000268 (2)**

1. Corporation Name

SOUTH FLORIDA YOUTH HOCKEY ASSOCIATION, INC.



Principal Place of Business 14770 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33181	Mailing Address P.O. BOX 640374 NORTH MIAMI BEACH FL 33164
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3. Date Incorporated or Qualified 01/19/1994
4. FEI Number 65-0676760
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A

9. Name and Address of Current Registered Agent TROMBLEY, MICHAEL 4621 S.W. 40 STREET HOLLYWOOD FL 33023	
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10. Name and Address of New Registered Agent	
81 Name STEVE TOWNSEND	
82 Street Address (P.O. Box Number is Not Acceptable) 7740 SW 162nd ST	
83	
84 City Miami	85 Zip Code FL 33157

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 *S. Mortham* (NOTE: Registered Agent signature required when reinstating) DATE **8/18/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROMBLEY, MICHAEL 4621 S.W. 40 STREET HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CORBIN, MIKE 739 CRYSTAL COURT FT. LAUDERDALE FL 33326 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROMAN, JESSICA 6414 S.W. 114TH PLACE MIAMI FL 33173 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NADEAU, JO ANNE 13930 LAKE CLAIRE CT. MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLAVECCHIO, CINDY 8161 SW 29 CT DAVIE FL 33328 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR WYATT, JAMES L 11800 N.W. 5 STREET PLANTATION FL 33325 <input checked="" type="checkbox"/> 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	PD STEVE TOWNSEND 7740 SW 162nd ST MIAMI FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVP DAN BRAGA 313X Central St MIAMI FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS NANCY PROSS 14200 SW 82nd St MIAMI FL 33148 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DT TIMOTHY HART 12471 NW 3rd St D-1 PLANTATION, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DVP RICHARD STUCK 13780 SW 90th Ave MIAMI FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MICK SHUSTER 915 NW 110 Terrace PLANTATION FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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]*

CR2E037 (10/97)