

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001856 (3)
 1. Corporation Name

SOUTH FLORIDA SPORTING CLAYS, INC.



Principal Place of Business: **4235 SOUTHWEST 75TH AVE. MIAMI FL 33155**
 Mailing Address: **4235 SOUTHWEST 75TH AVE. MIAMI FL 33155**

3. Date Incorporated or Qualified: **04/13/1994**
 3a. Date of Last Report: **09/29/1995**
 4. FEI Number: **65-0502282**
 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

2. Principal Place of Business: **21 7181 Wilson St.**
 Suite, Apt. #, etc.:
 City & State: **23 Hollywood, Fla.**
 Zip: **24 33024** Country: **25 USA**
 2a. Mailing Address: **26 7181 Wilson St.**
 Suite, Apt. #, etc.:
 City & State: **28 Hollywood, Fla.**
 Zip: **29 33024** Country: **30 USA**

9. Name and Address of Current Registered Agent: **LAMBERTUS, ARTHUR W
 2929 E. COMMERCIAL BLVD.
 SUITE 604
 FT. LAUDERDALE FL 33308**
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MORALES, JOSE M		1.2 NAME: Du Quesnay, Brian	
STREET ADDRESS: 13511 NW 3RD ST.		1.3 STREET ADDRESS: 13241 Sterling Rd.	
CITY-ST-ZIP: PLANTATION FL 33325		1.4 CITY-ST-ZIP: Ft. Lauderdale, Fla. 33330	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FISCHER, STEVE		2.2 NAME: Marshall, Alan	
STREET ADDRESS: 12831 SW 47TH ST.		2.3 STREET ADDRESS: 9743 NW 42nd Ct.	
CITY-ST-ZIP: MIAMI FL 33175		2.4 CITY-ST-ZIP: Sunrise, Fla. 33351	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CADORETTE, RON		3.2 NAME: Oliver, Robert	
STREET ADDRESS: 2401 SW 136 AVE		3.3 STREET ADDRESS: 8101 SW 53rd St.	
CITY-ST-ZIP: DAVIE FL 33325		3.4 CITY-ST-ZIP: Miami, Fla.	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: Cross, Theresa	
STREET ADDRESS:		4.3 STREET ADDRESS: 7181 Wilson St.	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: Hollywood, Fla. 33024	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 on an attachment with an address.

SIGNATURE: *Theresa Ann Cross* **954-983-6663**
 SIGNATURE AND TYPED NAME OF REGISTERED AGENT: **TERESA ANN CROSS** Date: **6/11/96** Daytime Phone #:

CR2E037 (3/96)