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

POCUMENT # N940

N9400002870 (3)

WARRE	EN CROMARTIE BASEBAL	L SCHOOL, INC.						
Principal Place of Business Mailing Address					a cantinin nin Laust Minit Obill Onell Odill a	Aini mania tidat (Atol t	OBTA BOTH LOCAL	
19364 E. COUNTRY CLUB AVENTURA FL 33180 19364 E. COUNTRY CLUB AVENTURA FL 33180					3. Date incorporated or Qualified 06/09/1994 4. FEI Number		pplied For	
8 51		1 64 44 10			NOT APPLICABLE		ot Applicable	
21	1 26		Mailing Address		5. Certificate of Status Desired	Fee R	\$8.75 Additional Fee Required	
 		Suite, Apt. #, etc.	r, etc.		6. Election Campaign Financing	\$5.00 May Be Added to Fees		
22 27 City & State City & State		City & State						
23					7. Is this nonprofit corporation a homeowners association?			
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30.		Ŭ No	
,	9. Name and Address of Curr		1991		10. Name and Address of New Registr	ered Agent		
			81	Name				
BRYN, USHER				Street Ado	dress (P.O. Box Number is Not Acceptable)			
2999 N.E. 191 STREET			82	Ollow Add	aross (1.0. Box Harrison is 1101 71000ptable)			
PH: SIX								
AVENTURA FL 33180			84	City	1	85 Zip	Code	
				Oily			0000	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.0 registered agent, or both, in the Starn familiar with, and accept the obline familiar with and accept the obline familiar with a section of the section of the provisions of t	502 and 617.1508, Florida Statu ite of Florida. Such change was igations of, Section 617.0503, Fl	tes, the above authorized by orida Statutes	e-named cor the corpora s.	poration submits this statement for the purporation's board of directors. I hereby accept the	se of changing list appointment as	ts registered registered	
SIGNATURE .	Signature, typed or printed name of registered	agent and tille if applicable. (NO	E: Regietered Age	int signature requ		ATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change		
NAME CROMARTIE, WARREN			1.2 NAME					
STREET ADDRESS	1000 1 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.3 STREET	ADORESS				
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY - ST - ZIP				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE			2.1 TITLE	1		Change	Addition	
NAME	STERN, MIKE		2.2 NAME					
STREET ADDRESS	20000 0.000		2.3 STREET	ADDRESS				
CITY-ST-ZIP	AVENTURA FL		2.4 CITY-S	ST-ZIP		Change	Addition	
TITLE	D DELETE		3.1 TITLE			□ cuange	Modition:	
NAME	BARKER, ANNE		3.2 NAME	1000000				
STREET ADDRESS	2968 N.W. 69TH COURT		3.3 STREET					
CITY-ST-ZIP	FORT LAUDERDALE FL	DELETE	3.4. CITY-S 4.1 TITLE	SI-ZIP		Change	Addition	
TITLE	<u> </u>						reduced	
NAME DIRECT ADDRESS	CRMARTIC, CANADICE		4. 2 NAME	ADDDCCC				
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE	AVENTURA FL		4.4 CITY-S' 5.1 TITLE	1 - £4F		Change	Addition	
	-		5.2 NAME				A	
NAME PERFET ADDRESS	1		5.2 NAME 5.3 STREET	ADIDDECC			12 m	
STREET ADDRESS			5.4 CITY-S				ンつ	
CITY-ST-ZIP TITLE			6.1 TITLE	1-415	600002448	Chance	Addition	
NAME			6.2 NAME		-03/06/9801006-			
STREET ADDRESS			6.3 STREET	ADDRESS	***361.00	니트막		
SINGE PERMISS		ι . Λ	4.5 GITTLET		ホホホンロチェリリ			

1 hereby certify that the information supplied with this fling 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 redeiver of trustee employered 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 attack men address.

SIGNATURE:

CR2E037 (10/97)

FILED

Mar 05 1998 8:00am

Secretary of State