


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90093 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004030					
1. Corporation Name DRAGON-FIRE BOOSTER CLUB INC.					
Principal Place of Business STRANAHAN HIGH SCHOOL 1800 SW 5TH PLACE FORT LAUDERDALE FL 33312			Mailing Address C/O EMMA C FLETCHER 421 NE 1 AVE FT LAUDERDALE FL 33301		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 08/16/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0531470	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FLETCHER, EMMA C 421 NE 1 AVE FT LAUDERDALE FL 33301			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 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	<input type="checkbox"/> DELETE			
NAME	FLETCHER, EMMA C				
STREET ADDRESS	421 NE 1 AVE				
CITY-ST-ZIP	FT LAUDERDALE FL 33301				
TITLE	VP.	<input type="checkbox"/> DELETE			
NAME	THOMPSON, RON				
STREET ADDRESS	3270 JACKSON STREET				
CITY-ST-ZIP	FT LAUDERDALE FL 33312				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	WARD, MARVIS				
STREET ADDRESS	810 TENNESSEE				
CITY-ST-ZIP	FT LAUDERDALE FL 33312				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	THOMPSON, LASHAWN				
STREET ADDRESS	3270 JACKSON STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MOORE, GWEN				
STREET ADDRESS	1224 SW 9TH AVE				
CITY-ST-ZIP	FT LAUDERDALE FL 33312				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		1.2 NAME			
		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)