FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	Secretary of State 1998 DIVISION OF CORPORATION						IONS		Secretary of State				
£	OCU	MENT on Name	# N9400	0004677	(0)					-			
SPOILERS CRICKET CLUB INC.													
Principal Place of Business Mailing Address									T PODENIEL DIE ISKU GEST OSTE SENT T		UPE WHOSE WHALE E	0E11 (80) (94)	
3126 PIERCE STREET 3126 PIERCE STREET									3. Date Incorporated or Qualified				
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021									09/20/1994				
									4. FEI Number 65-0550513			pplied For ot Applicable	
$\overline{}$	Principal Place of Business			2e. Mailing Add	2e. Mailing Address				Certificate of Status Desired			Additional	
21	Suite, Apt. #, etc			Suite Ant # etc							Fee Re	equired	
22	-			Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to		
_	City & State			City & State	4				7. Is this nonprofit corporation a h				
23	Zip		Country	Zip Country				☐ Yes No					
24	,-		25	29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent									10. Name and Address of New Re				
	14116054	M STORE				81	Name						
JAIJAIRAM, DEODATT 3126 PIERCE STREET						82	Street	Addres	ss (P.O. Box Number is Not Accepta	ble)			
HOLLYWOOD FL 33021						83							
						84 City					85 Zip (Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1509 Final Control							<u></u> ,			<u>FL</u>			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											changing it ointment as	ts registered registered	
Sic	SNATURE _	***************************************	or, and docopi the obliga	moria or, section orr.	.ccos, riorida	SIBIUIO	S .					-	
12.		Signature, typed	or printed name of registered agen OFFICERS AND			latered Ag	ent signature	beriuper e	when reinstating)	DATE	DIDECTOR		
		PD	OFFICENS AND	DITECTORS		1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	JERS AND	Change	Addition	
		JAIJAIRA	M, DECOATT		_		1.2 NAME						
		3126 PIE			·		1.3 STREET ADDRESS						
		HOLLYW S	OOD FL	T De			1.4 CITY - ST - ZIP				Change	Addition	
	NAME SINGH, TET P		ET P				2.2 NAME				LI Change	XOULION	
STR	STREET ADDRESS 1400 W. 68TH TERR.		68TH TERR.	235			2.3 STREET ADDRESS		e	;		İ	
TITLE TD HOLLYWOOD FL 33024		000 FL 33024	100,000			ST - ZIP	ļ				4 4 4 10		
NA.	1		HARDYAL			3.1 TITLE 3.2 NAME					L Change	☐ Addition	
STREET ADDRESS		636 31 0			•		3.3 STREET ADDRESS					Í	
CITY-ST-ZIP		HOLLYW	OOD FL 33021		0.00		3.4. CITY - ST - ZIP						
TITE NAA	1			☐ DE		4.1 TITLE					☐ Change	Addition	
	EET ADDRESS					4. 2 NAME 4.3 STREET	ADDRESS						
	- ST - ZIP					4.4 CITY - S	i						
TITLE NAME				□ DE		5.1 TITLE					Change	Addition	
	re Eet adoress					5.2 NAME 5.3 STREET	ADDRESS						
	-ST-ZIP					5.4 CITY-S						ĺ	
TITL	1			☐ DE		6.1 TITLE					Change	Addition	
NAM	E EET ADORESS				1	6.2 NAME	ADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 13 if changed, or an an atjachment with an address.

FILED

May 13 1998 8:00am