

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90098 050 ****61.25

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1. Corporation Name

FORT LAUDERDALE PLAYERS, INC.

Principal Place of Business

617 N.E. 8TH ST.
FORT LAUDERDALE FL 33304-2747

Mailing Address

617 N.E. 8TH ST.
FORT LAUDERDALE FL 33304-2747



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/27/1994

4. FEI Number

65-0537335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution **\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

KLAUSNER, ROBERT D
8565 TAFT ST.
SUITE 200
HOLLYWOOD FL 33024

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

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 **DP** ☒ DELETE
NAME **ACKERMAN, ROBERT C**
STREET ADDRESS **1751 N.E. 48TH COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **DS** ☐ DELETE
NAME **GARBER, SUSAN**
STREET ADDRESS **700 SE 5TH TERRACE**
CITY-ST-ZIP **POMPAÑO BEACH FL**

TITLE **D** ☐ DELETE
NAME **MICHELS, SONDR A M**
STREET ADDRESS **101 EL DORADO PARKWAY**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☐ DELETE
NAME **WILLIS, ROBERT B** *Robert B. Willis*
STREET ADDRESS **260 NW 17TH COURT #604**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DT** ☒ DELETE
NAME **EPSTEIN, STUART**
STREET ADDRESS **1700 N W 97TH AVENUE**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DS** ☐ Change ☒ Addition
5.2 NAME **BETSY WEISMAN**
5.3 STREET ADDRESS **11901 PICADILLY PL.**
5.4 CITY-ST-ZIP **DAVIE, FL 33325**

6.1 TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99
Date

954 761 5374
Daytime Phone #

CR2E037 (11/98)