


FILE NOW: FILING FEE IS \$61.25

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Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000159 (2)**

1. Corporation Name

**DOLPHINETTES OF MIAMI BOOSTERS, INC.**



Principal Place of Business	Mailing Address
13003 SW 114TH PL MIAMI FL 33176	13003 SW 114TH PL MIAMI FL 33176-8345

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10700 SW 139 Rd		26 10700 SW 139 Rd		01/13/1995		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0549906		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
33176		33176		<input type="checkbox"/>		<input type="checkbox"/>	
25 Country		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
USA		USA		Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLE, MICHAEL 13003 SW 114TH PL MIAMI FL 33176				81 Name J.D. WARD			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				10700 SW 139 Rd			
				83			
				84 City			
				MIAMI FLA FL 85 Zip Code			
				33176			

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 JAMES DAVID WARD Vice Pres/Treasurer J.D. Ward 6-12-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DP	REITER, LOUISE M.	8320 SW 156TH ST	MIAMI FL				
DV	BEJARNO, DEBORAH	13805 SW 102ND CT	MIAMI FL 33165	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
				DVT	JAMES DAVID WARD	10700 SW 139 Road	MIAMI, FLA 33176
DT	COLE, MICHAEL C	13003 SW 114TH PL	MIAMI FL 33176	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
DS	FRESHMAN, BARBARA R	9201 SW 69TH CT	MIAMI FL 33156	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
D	MATHERNE, EVELYN J	19980 SW 84TH AVE	MIAMI FL 33189	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE J.D. Ward 6-12-97 305-251-7800

CR2E037 (9/96)