

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000634 (4)

1. Corporation Name

DAVE GIRLS' SOFTBALL, INC.

Principal Place of Business

11000 S.W. 51ST STREET
FT. LAUDERDALE FL 33328

Mailing Address

11000 S.W. 51ST STREET
FT. LAUDERDALE FL 33328

FILED

96 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 7201 SW 41 PLACE		26 SAME		02/09/1995			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 DAVE, FLORIDA		28 City & State		65-0561341		Not Applicable	
24 33314		25 USA		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MERTENS, JAMES
11000 S.W. 51ST STREET
FT. LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

81 Name WILL ALLEN
82 Street Address (P.O. Box Number is Not Acceptable) 7201 SW 41 PLACE
83
84 City DAVE FL 85 Zip Code 33314

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

Will Allen

Will Allen

5-4-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MERTENS, JAMES	
STREET ADDRESS	11000 S.W. 51ST ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328	
TITLE	D	DELETE
NAME	SANTORSOLA, ROCCO	
STREET ADDRESS	11701 N.W. 21ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	DELETE
NAME	BOULDIN, GEORGE	
STREET ADDRESS	20261 N.W. 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILL ALLEN	
1.3 STREET ADDRESS	7201 SW 41 PLACE	
1.4 CITY-ST-ZIP	DAVE, FL 33314	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JIM DANIELS	
2.3 STREET ADDRESS	6211 SW 38TH CT	
2.4 CITY-ST-ZIP	DAVE, FLORIDA 33314	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LES HASKEW	
3.3 STREET ADDRESS	9656 SYCAMORE CT	
3.4 CITY-ST-ZIP	DAVE, FLORIDA 33328	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHERRY LIDERT	
4.3 STREET ADDRESS	3129 PEACHTREE CN.	
4.4 CITY-ST-ZIP	DAVE, FLORIDA 33328	
5.1 TITLE		<input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

LES HASKEW

4-22-96

305-462-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)