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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N95000001138 (5) DOCUMENT #

NORTH BROWARD ALLSTAR TRAVEL BASEBALL CLUB, INC.

Mailing Address Principal Place of Business 5954 NW 74 TERRACE 5954 NW 74 TERRACE PARKLAND FL 33067 PARKLAND FL 33067 3a. Date of Last Report 3. Date Incorporated or Qualified 03/10/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-056563 Not Applicable 21 5954NW 74 TERRACE SAME \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip ☐ Yes 🔀 No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAMF Street Address (P.O. Box Number is Not Acceptable) 82 KERN, BILL 5954 NW 74 TERRACE 83 PARKLAND FL 33067 Zip Code 85 84 City 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 13. OFFICERS AND DIRECTORS Addition Change 12. 1.1 TITLE []DELETE PRESIDENT D TITLE D BILL KERN 12 NAME 5954 NW 74 TECRACE NAME 1.3 STREET ADDRESS STREET ADDRESS PARKLAND, FL. 33067 1.4 CITY - ST - ZIP Addition Change CITY-ST-ZIP DELETE 2.1 TITLE SECTRES, D MURRAY HOSKINS D TITLE 2.2 NAME NAME 2 3 STREET ADDRESS 5072 NV 95 AV COCGNUT CLEEK FL 33673 STREET ADDRESS 2. 4 CITY-ST-ZIP Addition Change CITY-ST-ZIP V. President D DELETE 3 1 TITLE TITLE 3.2 NAME MICHAEL W LOWK NAME 7820 5 Upadordo Dr 3 3 STREET ADDRESS STREET ADDRESS 330L7 DELETE 3 4. CITY-ST-ZIP ☐ Addition Change CITY-ST-7IP 4.1 TITLE TITLE 4 2 NAME 300001755743 -03/75/06--01030--007 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition Change CITY - ST- ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP 61 TITLE DELETE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Ido 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 certify 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. 3-10-96 954 755 6173

m. M.

3-25-96

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(12/95)CR2E037