

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 # N95000002727 (4)

1. Corporation Name

MIAMI ISLANDERS SPORTS & CULTURAL CLUB, INC.



Principal Place of Business

Mailing Address

16823 N.W. 53RD AVE.  
MIAMI FL 33055

16823 N.W. 53RD AVE.  
MIAMI FL 33055

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0588960

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, RICHARD  
16823 N.W. 53RD AVE.  
MIAMI FL 33055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME ~~MCGLOTHLIN, MICHAEL~~  
STREET ADDRESS ~~17710 NW 13TH ST~~  
CITY-ST-ZIP ~~MIAMI FL 33055~~

TITLE VD ☒ DELETE

NAME ~~GOODE, DAWY~~  
STREET ADDRESS ~~3445 NW 204TH STREET~~  
CITY-ST-ZIP ~~MIAMI FL 33056~~

TITLE TD ☐ DELETE

NAME HENRY, RICHARD  
STREET ADDRESS 16823 N.W. 53RD AVE.  
CITY-ST-ZIP MIAMI FL 33055

TITLE SD ☐ DELETE

NAME MAXWELL, DIONE  
STREET ADDRESS 13101 N.E. 6TH AVE., #210  
CITY-ST-ZIP N. MIAMI FL 33182

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

PD

McFARLANE, ANDRE  
13550 S. Biscayne River Drive  
Miami, FL 33161

VD

ATKINS, PETER  
367 ANSIN BLVD.  
HALLANDALE, FL 33009

SD

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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Addition

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4-29-96  
JP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andre McFarlane, Pres.

Date

Daytime Phone #

2-12-96 (305-764-5611)

CR2E037 (12/95)