

FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004860 (1)
1. Corporation Name
USA POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business 116 FIRST TERRACE PALM BEACH GARDENS FL 33418	Mailing Address 116 FIRST TERRACE PALM BEACH GARDENS FL 33418
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3. Date Incorporated or Qualified 10/13/1995	
4. FEI Number 65-0621464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**CUNNINGHAM, SALLY S
116 FIRST TERRACE
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81. Name JOSEPH F. JOHNSON
82. Street Address (P.O. Box Number is Not Acceptable) 116 FIRST TERRACE
83. City PALM BEACH GARDENS FL
84. Zip Code 33418

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: *Joseph F. Johnson* (JOSEPH F. JOHNSON) DATE: **2-24-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARELLA, MIKE	
STREET ADDRESS	5 KING ST	
CITY-ST-ZIP	BRIDGEPORT CT 06805	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALDBAUER, GEORGE	
STREET ADDRESS	P.O. BOX 26 N/A	
CITY-ST-ZIP	YAPHANK NY 11980-0026	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALES, RUBEN	
STREET ADDRESS	7000 CULEBRA RD	
CITY-ST-ZIP	SAN ANTONIO TX 78238	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, ANTHONY	
STREET ADDRESS	3228 GUN CLUB RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, SALLY S	
STREET ADDRESS	116 FIRST TERR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOSEPH F. JOHNSON
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 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: *Joseph F. Johnson* (JOSEPH F. JOHNSON) DATE: **2-24-98** 561-625-1197

CFR2037 (10/97)