

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000005998 (8)

1. Corporation Name

BIG BUC BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

SOUTH DADE SENIOR HIGH SCHOOL  
28401 SW 167TH AVE  
HOMESTEAD FL 33030

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28401 SW 167TH AVE  
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/03/1996 3a. Date of Last Report

4. FEI Number 65-0635557 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

HUNT, LYNN  
16940 SW 274 ST  
HOMESTEAD FL 33031

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 NAME STREET ADDRESS CITY-ST-ZIP DELETE

1.1 TITLE VICE PRESIDENT (D) Change Addition  
1.2 NAME MS HELENE CHAFI  
1.3 STREET ADDRESS 9621 SW 274 ST  
1.4 CITY-ST-ZIP MIAMI FL 33176

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

2.1 TITLE SECRETARY (D) Change Addition  
2.2 NAME MR JOE HUNT  
2.3 STREET ADDRESS 16940 SW 274 ST  
2.4 CITY-ST-ZIP HOMESTEAD FL 33031

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

3.1 TITLE TREASURER (D) Change Addition  
3.2 NAME MICHAEL FREDERICK  
3.3 STREET ADDRESS 2236 SE 29th Drive  
3.4 CITY-ST-ZIP Homestead FL 33035

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

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.

FILED  
Aug 27 1997 8:00am  
Secretary of State



CP2E037 (4/97)