


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90298 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001812					
1. Corporation Name M.S. DOUGLAS TRACK AND FIELD BOOSTER CLUB, INC.					
Principal Place of Business 5815 N.W. 96TH DR. PARKLAND FL 33076			Mailing Address 5815 N.W. 96TH DR. PARKLAND FL 33076		



2. Principal Place of Business 21 6542 NW 99th Ave Suite, Apt. #, etc. 22		2a. Mailing Address 26 6542 NW 99th Ave Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/28/1996	
City & State 23 Parkland, FL Zip 24 33076		City & State 28 Parkland, FL Zip 29 33076		4. FEI Number 65-0656426 Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DAY, KATE 5815 N.W. 96TH DR. PARKLAND FL 33076				10. Name and Address of New Registered Agent 81 Name Bloom, Cindy (Cynthia) 82 Street Address (P.O. Box Number is Not Acceptable) 6542 NW 99th Ave 83 84 City Parkland FL 85 Zip Code 33076			
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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 *Cynthia Bloom* DATE **4/12/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAY, KATE			1.2 NAME			
STREET ADDRESS	5815 NW 96 DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33076			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DICKENS, LINDA			2.2 NAME			
STREET ADDRESS	4733 NW 96 DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33076			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALISE, BECKY			3.2 NAME			
STREET ADDRESS	6911 CYPRESSHEAD DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOLLENDORF, LINDA			4.2 NAME			
STREET ADDRESS	7228 LAUREL LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOOM, CINDY			5.2 NAME			
STREET ADDRESS	6542 N.W. 99TH AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33076			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

Cynthia Bloom SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (954) 340-9657
Date Daytime Phone #

0027342

CR2E037 (1/98)