

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 30 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000003779 (3)**  
 1. Corporation Name  
**MIAMI METRO YOUTH BASKETBALL, INC.**



Principal Place of Business <b>2921 N.W. 179TH ST. MIAMI FL 33056</b>	Mailing Address <b>2921 N.W. 179TH ST. MIAMI FL 33056</b>
--	--

3. Date Incorporated or Qualified <b>07/18/1996</b>	
4. FEI Number <b>65-0744008</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLIAMS, LYNN A  
 2921 N.W. 179TH ST.  
 MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARRIS, VIRGINIA	
STREET ADDRESS	369 N.E. 191 ST, APT. 204	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SHELIA E	
STREET ADDRESS	2921 N.W. 179 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLAYER, SHIRLEY	
STREET ADDRESS	1960 N.W. 194 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HICKS, LINDA	
STREET ADDRESS	19320 N.W. 22ND PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LYNN A	
STREET ADDRESS	2921 N.W. 179ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDUFFIE, LINDA	
STREET ADDRESS	2921 N.W. 179 ST	
CITY-ST-ZIP	MIAMI FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer Shirley Player
3.3 STREET ADDRESS	1960 NW 194 Terr
3.4 CITY-ST-ZIP	MIAMI, FLORIDA
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director Linda Hicks
4.3 STREET ADDRESS	19320 NW 22nd Place
4.4 CITY-ST-ZIP	MIAMI, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sec. ANGELA CEASER
6.3 STREET ADDRESS	20200 S.W. 114 STREET
6.4 CITY-ST-ZIP	MIAMI, FLORIDA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: \_\_\_\_\_ DATE: **AUG 31 1998** TELEPHONE: **305-620-3574**

CR2E037 (5/98)