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. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005215 (6) DOCUMENT

FILED Sep 22 1997 8:00am Secretary of State

COAST TO COAST BASKETBALL CLUB INC.											
Principal Place of Business			Malling Address				- 3 1831/1861 818 18108 91111 8311/1 68111 81		.DI 11001 0111 1501		
B115 LAGOS DE CAMPO BLVD. B115 LAGOS DE CAMPO BLV											
TAMARAC FL 33321 TAMARAC FL 33321							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 10/10/1996	3a. Date of Las	t Report		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For				
21			26				65-0709S60 Not Applicable]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23			Zip Country				Trust Fund Contribution		ed to Fees	1	
	Zip Country		Zip Coo		untry 8		8. This corporation owes or has pale	_ ′	Intangible No		
24	9. Name and Address					Personal Property Tax due June 30. Yes Mo 10. Name and Address of New Registered Agant			┨		
	<u> </u>	o, carron, nogio									
LAISTON	FRIC A								\rightarrow	1	
, ALSTON, ERIC A 8115 LAGOS DE CAMPO BLVD.					82 Stree	at Addre	ress (P.O. Box Number is Not Acceptable)				
TAMARAC FL 33321					800002303035 -09/25/9701009029					1	
1, 1, 1, 1, 1	10 12 00021									_	
					84 City		***61.25	FL 85/2	ip Code		
11. Pursuant office or r	to the provisions of Sections egistered agent, or both, in	s 617.0502 and 61 the State of Florid	7.1508, Florida Statu la. Such change was	tes, the at authorized	oove-name d by the c	od corpo orporatio	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing the appointment	g its registered as registered	1	
	m lamiliai with, and accept	trie duligations of	, 300 lidit 0 17.0303, F	iorida Stat	ules.	\					
SIGNATURE ,	Signature, typed or printed name of r	egistered agent and title	if applicable. (NO	TE: Registere	d Agent eigna	ure require	d when reinstating)	DATE			
12.	OFFI	CERS AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT]5	
TITLE			DELETE	1.1 10	TLE 🛔	PRI	PSIDENT	Chang	ge 🗹 Addition	407	
NAME				1.2 N/	ME	EX	RIC A. ALSTON	1000 A11	40	15	
STREET ADDRESS			1.3 STREET ADDR			s <i>81 j</i>	5 LAGOS DE CAM	PIC BU	10	F037	
CITY-ST-ZIP					TY-ST-ZIP		MARAA, FL 33321			- <u>B</u>	
TITLE			☐ DELETE	2.1 10	TLE V	T TR	EASURER	L. Chang	ge 🛂 Addition	10	
NAME				2.2 N/	AME .	EA	6 NO BED COURT				
STREET ADDRESS				2.3 S1	REET ADDRES	s 201	6 NO BED CECIE	22/1			
CITY-ST-ZIP				_	ITY-ST-ZIP		Lauderdale, FL3		/_	ļ	
TITLE			L. DELETE	3.1 Tu		5 80/	IRD OF DIRECTURS	L. Chang	e Addition	-	
NAME				3.2 NA		J.	ONATHAN E. LYNCH	a and a		-	
STREET ADDRESS					REET ADDRES	S 41	10 HUNTERS HILL	CHULE	•	1	
CITY-ST-ZIP			DELETE		ITY-ST-ZIP	160	X KIUGE MO MIS	, <u> </u>	/	4	
TITLE			C Deceie	4.8 TF	_) HO	NARY BOARD MEMBEI J. MCDUFFIE	E LI Chang	NOUNDON LAND SK		
NAME	1:			4.2 N							
STREET ADDRESS					REET ADDRES TY - ST - ZIP		SPINNAKER LAUGERDALE, PLE	33327	_		
CITY-ST-ZIP TITLE			DELETE	5.1 Ti		* 82	ARD OF DIRECTORS	☐ Chanc	e Addition	┨	
NAME				5.2 N/			DEGNI MITCHELL				
STREET ADDRESS					reet addres	12	21 DINCAN PLACE	NE		l	
CITY-ST-ZIP					TY-ST-ZIP	" L		000Z	1		
TITLE			DELETE	6.1 TI		1 80	ARD OF DIRECTORS	☐ Chang	e Addition	1	
NAME			<u>—</u> , a de la constant	6.2 NA	•			REIM	ルト	7	
STREET ADDRESS					REET ADDRES	s 21	OI NORTH ANDREW	S AV	$\sqrt{2}\sqrt{2}$		
CITY-ST-ZIP					TY-ST-ZiP	F	r. LAUDERDATE. FI	- 3330/	0//0	1	
	ov certify that the informatio	n supplied with th	is filing does not qual			stated	in Section 119,07(3)(i), Florida Statutes	. I further certify th	at the	1	

Information indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied that it is true and accurate and that my signature shall have the same legal effect as if made under outly, 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.