


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005438 (4)**

1. Corporation Name

**LHHS SCREAMING HAWK BOOSTERS, INC.**



Principal Place of Business

Mailing Address

**3509 MERIVALE DR  
CASSELBERRY FL 32707**

**3509 MERIVALE DR  
CASSELBERRY FL 32707-6006**

3. Date Incorporated or Qualified  
**11/04/1996**

3a. Date of Last Report

2. Principal Place of Business 21 <b>Lake Howell High School</b> Suite, Apt. #, etc. 22 <b>4200 Dike Road</b> City & State 23 <b>Winter Park, Florida</b> Zip 24 <b>32792</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>Lake Howell High School</b> Suite, Apt. #, etc. 27 <b>4200 Dike Road</b> City & State 28 <b>Winter Park</b> Zip 29 <b>32792</b> Country 30 <b>USA</b>
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NASH, EDWARD T JR.  
1400 W OAK ST  
SUITE H  
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name <b>Smith, Donald</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4200 Dike Road</b>
83
84 City <b>Winter Park</b> FL 85 Zip Code <b>32792</b>

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 **Don Smith, Principal** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERNSTEIN, ROBERT</b>		1.2 NAME	<b>Borsum, Douglas</b>	
STREET ADDRESS	<b>3509 MERIVALE DR</b>		1.3 STREET ADDRESS	<b>616 Field Club Circle</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>		1.4 CITY-ST-ZIP	<b>Casselberry, Florida 32707</b>	
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMS, DOUGLAS</b>		2.2 NAME	<b>Harmon, Laura</b>	
STREET ADDRESS	<b>3509 MERIVALE DR</b>		2.3 STREET ADDRESS	<b>3542 Jericho Drive</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>		2.4 CITY-ST-ZIP	<b>Casselberry, Florida 32707</b>	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACDOWELL, JACK</b>		3.2 NAME	<b>DeMichele, Pamela</b>	
STREET ADDRESS	<b>3509 MERIVALE DR</b>		3.3 STREET ADDRESS	<b>1224 Thunder Trail</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>		3.4 CITY-ST-ZIP	<b>Maitland, Florida 32751</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 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.

SIGNATURE **Pamela DeMichele** 5/16/97 (Am) 830 1936

CR2E037 (9/96)