


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).

FILED
Aug 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005798 (1)**

1. Corporation Name

STATE CHEERLEADING ASSOCIATION, INC.



Principal Place of Business	Mailing Address
10180 NW 47TH STREET SUNRISE FL 33351	10180 NW 47TH STREET SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 10180 N.W. 47 St		4. FEI Number 59-3409460		Applied For Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 SUNRISE FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 33351		30 Broward	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BUCCI, REGINA M
10180 NW 47TH STREET
SUNRISE FL 33351**

81 Name	Regina M. Bucci
82 Street Address (P.O. Box Number is Not Acceptable)	10180 N.W. 47 St
83	
84 City	Sunrise
85 Zip Code	FL 33351

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 *Regina M. Bucci* **Regina M. Bucci** **7/28/97**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Tagmeyer Director	1.2 NAME	
STREET ADDRESS	241 SW 65 Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33023	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regina M. Bucci	3.2 NAME	
STREET ADDRESS	9603 N.W. 4th President	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33071	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Lindholm	4.2 NAME	
STREET ADDRESS	9100 W. Atlantic Blvd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33071	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Sharon Carless	5.2 NAME	
STREET ADDRESS	3413 West Ocean Dr.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale FL 33004	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crissy McCleary	6.2 NAME	
STREET ADDRESS	9100 W. Atlantic Blvd	6.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33071	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 *Regina M. Bucci* **Regina M. Bucci** **7/28/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

CR2E037 (4/97)