e e e e e e e e e e e e e e e e e e e					
FII F NOW:	: FILING FEE IS \$61	25	APPRO\	/ED	
	. I ILING I EL 10 001		AND		
NONPROFIT CORPORATION		PARTMENT OF STATE	FILE!	J	
ANNUAL REPORT		a B. Morinam			
· 1998		retary of State OF CORPORATIONS	96 HOV -5 F	아H 3:55	
DOCUMENT # N9	7000004607 (4	4)	SECRETARY (TALLAHASSEE	OF STATE , FLORIDA	
FLORIDA HOCKEY OFFICIALS ASSOCIATION '97, INC.					
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Principal Place of Business	Mailing Address				
6310 SW 172ND AVENUE 6310 SW 172ND AVENUE FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331			0.000	and an Owerfield	<u></u>
			3. Date incorpo	orated or Qualified	
			4. FEI Number	1001	Applied For
		·			Not Applicable
2. Principal Place of Business 21 OTG BROKVILLE LA	2a. Mailing Address 26 10174 BROO	While LANG	- 5. Certificate of	Status Desired	\$8.75 Additional
Suite, Apt. #, etc.	ANE 26 101 (4 BKO) Suite, Apt. #, etc.	DEVICUS ENVIO		paign Financing	Fee Required \$5.00 May Be
22	27	-	Trust Fund C	· ~	Added to Fees
City & State 23 BOCA RATON F2. 38	City & State	CON FZ	7. is this nonpro	ofit corporation a homeow	
	Zip	Country	8 This corporat	L Yes	Urrent veër Intendible
Zip Country 24 33428 25 USA	29 33428	30 USA	Personal Pro	perty Tax due June 30.	Yes No
9. Name and Address of	f Current Registered Agent	81 Name		ddress of New Registere	ed Agent
TILLEMAN, RICK		1 1	MARC USTA	rov	
6310 SW 172ND AVENUE		82 Street	Address (P.O. Box Numb	per is Not Acceptable)	
FT. LAUDERDALE FL 33331		83			
		84 City (BORA RAZON	. F	85 Zip Code
11. Pursuant to the provisions of Sections	617.0502 and 617.1508. Florida Sta	tutes the should named	serecration automita this	statement for the piecess	of charging its registered
office or registered agent, or both, in the agent. I am familiar with, and accept the	he State of Florida. Such change wa he obligations of, Section 617.0503.	as authorized by the cor Florida Statutes	poration's board of direct	ors. I hereby accept the a	ppointment as registered
SIGNATURE Mane Char	<u>~~</u>			S. 12	198
Signature, typed or printed name of reg	gistered agent and title if applicable. (I ERS AND DIRECTORS	NOTE: Registered Agent signature 13.		DATE HANGES TO OFFICERS A	
TITLE PLESIDENT	↑ ≯-DELETE	1.1 TITLE	PRESIDENT	7	Change Addition
NAME RICK TILLEMAN	4 =	1.2 NAME		2	·
STREET ADDRESS (3310 SW 172790 CITY-ST-ZIP FT. LAVOGRDALE	A∿6 €. 3333i	1.3 STREET ADDRESS	188 N.W. 44th	Tokers	
TITLE VICE PRESIDENT	DELETT.	1.4 CITY-ST-ZIP	NICE PRESIDENT	CU, FC 3544C -	Change Addition
NAME ED LOSENBART	D DETELE	2.2 NAME	DON GRECOME	_ کِا	
STREET ADDRESS LOW SON STE (LA	NOE 7-101	2.3 STREET ADDRESS	10091 N.W. 3		
CITY-ST-ZIP CONTINUED GONERA FO		2. 4 CITY - ST-ZIP		5, FZ 3306 5m	Change Addition
TITLE NAME	☐ DELETE	3.1 TITLE 3.2 NAME	SEPECALY NAN HOLDEN	\mathcal{D}	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	21688 WAPFOR	Mar a	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Boes RATON, FE	- 33486	
TITLE	DELETE	4.1 TITLE	TREASURER	D	Change Addition
NAME		4. 2 NAME	MARC OSTROV	عار ۱۵ عار ۱۵ عار	
STREET ADDRESS CATY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Boen lation Fr	3342 g	
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME	90	10002584	48797
STREET ADDRESS		5.3 STREET ADDRESS		-11/10/98	-01085019
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		************************************	*来来来的1.25 ☐ Change ☐ Addition
NAME	عديد ب	6.2 NAME		YL.	0.00
STREET ADDRESS		6.3 STREET ADDRESS		11-	01,010
I		■	İ	V L	

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.

SIGNATURE:

SIGNATURE

SIGNATURE