NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# N98 00000 1185 1

PLANTATION YOUTH SOCCER LEAGUE INC.

Principal Place of Business

Mailing Address

HOMOOWNER INCORPORATE CARROLLWOOD 11380 BROOKCREEN DA TAMPA FL 33624 FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90253 016 ****61.25



					'		_	
Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualified			
21		26			2-27-98			
		Suite, Apt. #, etc.	etc.		4. FEI Number	Apr	plied For	
27		27				No	t Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 A		
23 28					3. Certificate of Status Desireo	Fee Re	quired .	
Zip Country Zip			Countr	у —	6. Election Campaign Financing	\$5.00	May Be	
24	4 25 29 30			Trust Fund Contribution Added to Fees			o Fees	
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent					
And	CHAMMAD KHAL	الا ا	81	Name	•			
100 mm = - 1 = 0 = 20				82 Street Address (P.O. Box Number is Not Acceptable)				
2727 W FLETCHER 528				Se Suggi Audioss (1.5. Dox Hamper is 1941 inserpress)				
			83	3				
TA	MPA FL 336	<i>1</i> 8) <u> </u>	+=		85 Zip C	Sada	
' ''	-		84	City	Fl	85 Zip C	,00e	
11 Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes	the above	re-named con	poration submits this statement for the purpose of	changing its	registered	
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, Sych 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.								
agent. I a	im familiar with and accept the collection	ons or, seption 617.0503, Florid	a Statute	S .	.1 28	99		
SIGNATURE	M. H. Was	nd tile d spolicable. (NOTE: Re	acialanas des	ed signification require	4-29	_/	·	
12.	Signature, typed or primed name of registered agent a OFFICERS AND		13.	ant advantors redon	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12	
TITLE		☐ DELETE	1.1 1014		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
	PRESIDENT	_ 0223.2	1.2 NAME)			_	
NAME	TONY RIVERA	_ ^ _					1	
STREET ADDRESS	MADRESS 4727 COONE POINT TAMPA TOU		1.3 STREET ADDRESS				}	
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			☐ Addition	
TITLE TO	MOHAMMAD KHAL	LLI DELETE	2.1 TTLE			☐ Change	[] Acquitori	
NAME	CHAIRMAN		22 NAME	,				
STREET ADDRESS	2727 W FLETCHE	R 62B	2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	TAMPA PL	33618	2.4 CITY-	ST-ZIP				
TIFLE D	GOORDINATIOR	() DELETE	3.1 TITLE			Change	☐ Addition	
NAME -	COUR SHOTT OR	Δ	3.2 NAME					
STREET ADDRESS	PHILIP TECH	-71·	33 STREE	TADDRESS				
CITY-ST-ZIP	TOR KILGORE PLA	NT CITY 33567	3.4. CITY-	ST-20P			,	
TITLE TO		DELETE	41 TITLE			Change	Addition	
NAME D	Cooke, Regina		4, 2 NAME					
,				T ADDRESS			ļ	
STREET ADDRESS	11000 Keaperry Way		4.4 CITY-5					
CMY-ST-ZIP	HUMAH LP JORGI	DELETE	5.1 TITLE	31.51F		Change	Addition	
TITLE ()	Whatley, Debra	C battre	5.1 HILE 5.2 NAME			C		
NAME	3205 49th St.		•	TADODECC			j	
STREET ADDRESS		10	_	TADORESS			•	
CITY-ST-ZIP	Tampa 1 F1 336		5.4 CITY-5	ST-ZIP		Ci chann	C) Addition	
TITLE		☐ DELETE	6.1 TITLE	Ì		Change	Addition (
NAME			6.2 NAME				J	
STREET ADDRESS			6.3 STREE	TADDRESS			ţ	
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP	_			
	·				Continue 440 07/23/3 Clarida Cantida I funtara ana	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		

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 within an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR CHRECTOR

4-29-99

813-237-3741

Deytime Phone #