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Secretary of State

04-23-1999 90196 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003040

1. Corporation Name

MIAMI HIGH SCHOOL FOOTBALL BOOSTERS' CLUB, INC.

Principal Place of Business

6042 S.W. 85 AVE.
MIAMI FL 33143

Mailing Address

6042 S.W. 85 AVE.
MIAMI FL 33143



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/26/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	Applied For
City & State	City & State	<input checked="" type="checkbox"/> Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>
Zip	Zip	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

MATTHEWS, CHARLIE H
6042 S.W. 85 AVE.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, G.H. WILLIE	1.2 NAME	WILSON, G.H. Willie
STREET ADDRESS	12559 S.W. 144 TERR.	1.3 STREET ADDRESS	262 E. CONSTANCE Rd
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	DeBary, FL 32713-3534
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERO, LARRY	2.2 NAME	
STREET ADDRESS	13911 S.W. 97 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, CHARLIE H	3.2 NAME	
STREET ADDRESS	6042 S.W. 85 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

305 445-7837

Date

Daytime Phone #

CR2E037 (1/98)

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