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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90230 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004636

1. Corporation Name

SOUTH FLORIDA TALLIGATORS, INC.

Principal Place of Business

15220 S.W. 81 LANE
MIAMI FL 33193

Mailing Address

15220 S.W. 81 LANE
MIAMI FL 33193



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 P.O. Box 11382	07/31/1998
22 City & State	27	4. FEI Number
23 Zip	28 FT. LAUDERDALE, FL	Applied For
24 Country	29 33339	Not Applicable
25	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MOWEN, THEODORE J JR
15220 S.W. 81 LANE
MIAMI FL 33193

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPLEY, CHARLES L III	1.2 NAME	
STREET ADDRESS	5361 N.W. 41 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMWAY, JO-ANN	2.2 NAME	
STREET ADDRESS	155 ISLE OF VENICE, STE. 402	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLINO, NORINE	3.2 NAME	
STREET ADDRESS	8805 N.W. 35 ST.	3.3 STREET ADDRESS	6130 N.W. 33 TERR.
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, KRISTEN	4.2 NAME	
STREET ADDRESS	17364 BOCA CLUB BLVD., #508	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDLER, JOY	5.2 NAME	
STREET ADDRESS	4224 PALM BAY CIRCLE	5.3 STREET ADDRESS	155 Isle of Venice #402
CITY-ST-ZIP	WEST PALM BEACH FL 33406	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARY	6.2 NAME	
STREET ADDRESS	2841 N. OCEAN BLVD., #1208	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	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 in an attachment with an address, with all other like empowered.

SIGNATURE:

NORINE M. FOLINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

954-233-9827

Daytime Phone #

CR2E037 (11/98)