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Feb 25, 1999 8:00 am
Secretary of State

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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 # N98000005058

1. Corporation Name

PARKLAND PREDATOR SOCCER, INC.
 Principal Place of Business
 7910 SOUTH WOODRIDGE DRIVE
 PARKLAND FL 33067

 Mailing Address
 7910 SOUTH WOODRIDGE DRIVE
 PARKLAND FL 33067


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		25		09/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing	
24		29		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

BORELLO, LARRY
 7910 SOUTH WOODRIDGE DRIVE
 PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	NAME	1.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	STREET ADDRESS
		1.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	2.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	STREET ADDRESS
		2.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	3.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	STREET ADDRESS
		3.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	4.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	STREET ADDRESS
		4.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	5.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	STREET ADDRESS
		5.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	6.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	STREET ADDRESS
		6.4 CITY-ST-ZIP	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: **LARRY BORELLO** 1-19-99

954-253-1361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)