


**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90009 025 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000006678**

1. Corporation Name  
**YOUTH ATHLETIC LEAGUE, INC.**

Principal Place of Business 525 N.W. 62ND ST. MIAMI FL 33146	Mailing Address 525 N.W. 62ND ST. MIAMI FL 33146
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2. Principal Place of Business 21 <b>2950 N.W. 171 St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2950 N.W. 171 St</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>11/24/1998</b>
22 City & State 23 <b>Miami, FL</b>	27 City & State 28 <b>Miami, FL</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 <b>33056</b> 25 <b>USA</b>	29 <b>33056</b> 30 <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>DAWKINS, ANTHONY</b> 525 N.W. 62ND ST. MIAMI FL 33146		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>DAWKINS, ANTHONY</b> 525 N.W. 62ND ST. MIAMI FL 33146		10. Name and Address of New Registered Agent 81 Name <b>Arthur Colebrook</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4220 NW 173rd Drive</b> 83 City & State <b>Miami, FL 33055</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33055</b>	
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11. Pursuant to the provisions of Sections 617.0802 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: *Arthur Colebrook* DATE: **7/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Financial Sec/Treasure <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Linda McDuffie
STREET ADDRESS		1.3 STREET ADDRESS	2950 N.W. 171st Street <b>D</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33056
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Rec. Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Joan Campbell Dewar
STREET ADDRESS		2.3 STREET ADDRESS	4420 NW 172nd DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Anthony Dawkins
STREET ADDRESS		3.3 STREET ADDRESS	4430 N.W. 173rd Dr <b>D</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Arthur Colebrook
STREET ADDRESS		4.3 STREET ADDRESS	4220 NW 173rd Dr <b>D</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33055
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 REQUIRED** **7-9-99** **305 625-2142**  
*Linda McDuffie*  
*Chappie*

CR2E037 (1/198)