

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 5:00 PM: 2155 (IF CHECKS WED, ADDITIONAL AMOUNT DUE TO REINSTATE: 2000)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortman
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:15

DOCUMENT # 705516 (3)

1. Corporation Name
PLANTATION ELKS CLUB, INC.

Principal Place of Business Mailing Address
7351 N.W. 5TH STREET PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed 04/23/1963	3a. Date of Last Report 03/07/1994
4. FEI Number 59-0999956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for alternate tax under s. 109 (1)(f) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent
WAPLES, TED
9538 NW 8TH CIR
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name **Czirr, Robert**
 82 Street Address (P.O. Box Number is Not Acceptable) **7937 N.W. 10 Street**
 83
 84 City **Plantation** **FL** 85 Zip Code **33322**

11. Pursuant to the provisions of Sections 617.05(2) and 617.15(8), Florida Statutes, the above-named corporation submits the 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 617.05(3), Florida Statutes.

SIGNATURE *Robert Czirr* **Robert Czirr** **6/26/95**
(Date) (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	S
NAME	ARNETT, RALEIGH
STREET ADDRESS	308 NW 45TH AVE
CITY, ST, ZIP	PLANTATION FL 33317
TITLE	D
NAME	WAPLES, TED
STREET ADDRESS	9538 NW 8TH CIR
CITY, ST, ZIP	PLANTATION FL 33324
TITLE	D
NAME	ACCARDI, FRANK
STREET ADDRESS	9332 NW 48TH CT
CITY, ST, ZIP	SUNRISE FL 33351
TITLE	D
NAME	CASSACCI, JOSEPH
STREET ADDRESS	10149 NW 4TH ST
CITY, ST, ZIP	PLANTATION FL 33324
TITLE	D
NAME	CHIAVERINI, FRANK
STREET ADDRESS	4210 INVERRARY BLVD #83A
CITY, ST, ZIP	LAUDERHILL FL 33319
TITLE	D
NAME	CZIRR, ROBERT
STREET ADDRESS	7937 NW 10TH ST
CITY, ST, ZIP	PLANTATION FL 33322

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bora, John
13 STREET ADDRESS	624 Orchid Drive
14 CITY, ST, ZIP	Plantation, FL 33317
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Raymond Jaeger
23 STREET ADDRESS	3710 N.W. 88 Ave., #320
24 CITY, ST, ZIP	Sunrise, FL 33351
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Michael Vitinci
33 STREET ADDRESS	8040 Hampton Blvd., #505
34 CITY, ST, ZIP	N. Lauderdale, FL 33068
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Stanley Warzecha
43 STREET ADDRESS	2701 N.W. 35 Terrace
44 CITY, ST, ZIP	Lauderdale Lakes, FL 33311
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(a), 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, changed, or on an attachment with an address.

SIGNATURE: *Joseph Monogholi* **Joseph Monogholi** **6/26/95** **305-587-6849**
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Phone Number)

CR2E037 (3/95)