

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705516 (3)

1. Corporation Name

PLANTATION ELKS CLUB, INC.



Principal Place of Business

Mailing Address

7351 N.W. 5TH STREET
PLANTATION FL 33317

7351 N.W. 5TH STREET
PLANTATION FL 33317

3. Date Incorporated or Qualified 04/23/1963
3a. Date of Last Report 06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0999956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CZIRR, ROBERT
7937 NW 10 STREET
PLANTATION FL 33322

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	S	<input checked="" type="checkbox"/> DELETE
NAME	BORA, JOHN	
STREET ADDRESS	624 ORCHID DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAEGER, RAYMOND	
STREET ADDRESS	3710 NW 88 AVENUE, #320	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VITIACI, MICHAEL	
STREET ADDRESS	8040 HAMPTON BLVD., #505	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARZECHA, STANLEY	
STREET ADDRESS	2701 NW 35 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHIAVERINI, FRANK	
STREET ADDRESS	4210 INVERRARY BLVD #83A	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CZIRR, ROBERT	
STREET ADDRESS	7937 NW 10TH ST	
CITY-ST-ZIP	PLANTATION FL 33322	

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fry, Adrian	
1.3 STREET ADDRESS	12850 State Road #84, Box 1212	
1.4 CITY-ST-ZIP	Davie, FL 33325	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Silverman, Elliot	
5.3 STREET ADDRESS	1330 N.W. 43 Ave., #302	
5.4 CITY-ST-ZIP	Lauderhill, FL 33313	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Section 119.07(3)(k), 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.

SIGNATURE:

Robert Czirr TRUSTEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)