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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705516 (3)
1. Corporation Name
PLANTATION ELKS CLUB, INC.

Principal Place of Business 7351 N.W. 5TH STREET PLANTATION FL 33317	Mailing Address 7351 N.W. 5TH STREET PLANTATION FL 33317-1604
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21 Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Country
25 Country	29 Zip
30 Country	

3. Date Incorporated or Qualified 04/23/1963	3a. Date of Last Report 04/17/1996
4. FEI Number 59-0999956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CZIRR, ROBERT
7937 NW 10 STREET
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: Robert B. Czirr Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 4/10/97

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	FRY, ADRIAN
STREET ADDRESS	12850 STATE ROAD #84 BOX 1212
CITY-ST-ZIP	DAVIE 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 type="checkbox"/> DELETE
NAME	SILVERMAN, ELLIOTT
STREET ADDRESS	1330 NW 43 AVENUE #302
CITY-ST-ZIP	LAUDERHILL FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CZIRR, ROBERT
STREET ADDRESS	7937 NW 10TH ST
CITY-ST-ZIP	PLANTATION FL 33322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Meneghelli, Joseph
6.3 STREET ADDRESS	12850 State Road #84, Box 6-21
6.4 CITY-ST-ZIP	Davie, FL 33325

14. I do 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.

SIGNATURE: Gordon Chase Treas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/10/97 DAYTIME PHONE # 954-587-6849

CR2E037 (9/96)