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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 04/23/1963	
4. FEI Number 59-0999956	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CZARR, ROBERT
7937 NW 10 STREET
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name Robert Colini	
82 Street Address (P.O. Box Number is Not Acceptable) 262 SW 53 Ave.	
83	
84 City Plantation	85 Zip Code FL 33317

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 Colini* **Robert Colini** **4/14/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE S	<input checked="" type="checkbox"/> DELETE
NAME FRY, ADRIAN	
STREET ADDRESS 12850 STATE ROAD #84 BOX 1212	
CITY-ST-ZIP DAVE 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 checked="" 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 type="checkbox"/> DELETE
NAME MENEGHELLI, JOSEPH	
STREET ADDRESS 12850 ST RD #84, BOX 6-21	
CITY-ST-ZIP DAVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Nelson, Richard	
1.3 STREET ADDRESS 102 SW 63 Ave.	
1.4 CITY-ST-ZIP Plantation, FL 33317	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Robert Colini	
3.3 STREET ADDRESS 262 SW 53 Ave.	
3.4 CITY-ST-ZIP Plantation, FL 33317	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Raleigh Arnett* **Raleigh Arnett, Treas.** **4/14/98** **954-587-6849**

CR2E037 (10/97)