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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90325 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705516

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/23/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0999956
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent ROBERT COLINI 262 SW 53RD AVE. PLANTATION FL 33317	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RICHARD	1.2 NAME	
STREET ADDRESS	102 SW 63RD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, RAYMOND	2.2 NAME	Ronald Sloan
STREET ADDRESS	3710 NW 88 AVENUE, #320	2.3 STREET ADDRESS	9360 Chelsea Drive, S
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT COLINI	3.2 NAME	
STREET ADDRESS	262 SW 53RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARZECHA, STANLEY	4.2 NAME	Ted Waples
STREET ADDRESS	2701 NW 35 TERRACE	4.3 STREET ADDRESS	197 NW 108 Ave.
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ELLIOTT	5.2 NAME	
STREET ADDRESS	1338 NW 43 AVENUE #302	5.3 STREET ADDRESS	5138 A Lake Front Blvd.
CITY-ST-ZIP	LAUDERDALE FL	5.4 CITY-ST-ZIP	Delray Beach 33484
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENEGHELLI, JOSEPH	6.2 NAME	
STREET ADDRESS	12650 ST RD #84 BOX 621	6.3 STREET ADDRESS	725 Azelea Ct.
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	Plantation 33317

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: Richard Nelson SIGNATURE REQUIRED 4/14/99 954-587-6849
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)