FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(7)

HAUTEN	ANNIVERSARY	MENUO	OLUB	IMA
UNITED	ANNIVERSARY	MEN'S	CHIK.	INC.

Principal Place of Business Mailing Address						(B) 01014 01011 0101 011				
9047 SIBBALD RD. 9047 SIBBALD RD. JACKSONVILLE FL 32208 JACKSONVILLE FL 32208			208							
							3. Date Incorporated or Qualified 07/11/1972	3a. Date of Las 04/26/		
	Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	4						59-3019011		Not Applicable	
22		Suite, Apt. #, etc. Suite, Apt. #, etc. 27		· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		5 Additional Required	
23	City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be					
	Zip	Country	Zip	Count	Country		Trust Fund Contribution	Add	ed to Fees	
24	•	25	29	30	-		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
		9. Name and Address of Cu		1 1		10. Name and Address of New Registered Agent				
				8	i	Name				
	LUSTER	, Frank Jr.				- C4 1 . 1	70 O D. M. S			
9047 SIBBALD RD.				[8	82 Street Address (P.O. Box Number is Not Acceptable)					
	JACKSC	ONVILLE FL 32208		83						
				84	1	City		FL I''I	ip 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 hoard of directors. Thereby accept the appointment as registered agent.										
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE										
		Signature, typied or printed name of registered	agent and title if applicable (NO	TE: Registered Ag	ent	signature requir	red where reinstating)	DATE		
12			S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	
THIL		VD	DELETE	1.1 TITLE		 	O Eugene Sway	er Dechange	☐ Addition	
NAN	·	STALLING, CLEO D.		1.2 NAME			1 100 a D'I			
STR	STREET ADDRESS 4245 MCDANIEL DR.		1.3 STREE	1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE VO Eugene Swaye 2 blk Lippia Rd Tay Fl						
	Y-ST-ZIP	JACKSONVILLE FL		1.4 CITY-		- 7IP	Jay FL			
TITL		SD	DELETE	2 1 TITLE	2 1 TITLE		•	Change	Addition	
	LUSTER, FRANK JR.			2.2 NAME						
	EET ADDRESS	9047 SIBBALD RD.		2.3 STREET ADORESS		DORESS			ĺ	
	Y - ST - ZIP	JACKSONVILLE FL	Filoriese		2 4 CITY - ST - ZIP					
TITL		PD DAOK BAIDH	DELETE	31 TITLE				Change	☐ Addition	
NAM		HOLBACK, RALPH		3 2 NAME						
	EET ADDRESS	2954 RIBUALT CIRCLE		3.3 STREE	TA	.DDRESS				
TITE	r-St-ZiP			3 4. CITY	S٢					
		TD CARV DICHARD I	∑ DELETE	4.1 TOTLE			D PHILLY COLLINS	L Change	☐ Addition	
NAM				4. 2 NAM6			TD Phillip Collins Prinange Addi			
	EET ADDRESS	IACKONINI E EL		4.3 STREE			Jax FL.			
TITE	r - ST - ZIP	JACKSONVILLE PL	DELETE	4.4 CITY -	ST-	ZIP	Vak PL.			
NAM			Decerte	5.1 TITLE				☐ Change	☐ Add/tion	
	EFT ADDRESS			5 2 NAME		popere			i	
				5.3 STREE					ľ	
TITLE	r-ST-ZIP		DELETE	5.4 CITY-	ST-	ZIP		- Observe		
NAM]			61 TITLE		1		Change	☐ Addition	
	EET ADDRESS			6.2 NAME		000500				
				6.3 STREE						
	r-St-ZIP L do hereb	y certify that the information suppl	ied with this filing is voluntarily furn	6.4 CITY-	30	not ouglify	for the exemption stated in Section 119.07(3)/k) Florida Stati	toe I further	
	certify that	the information indicated on this	annual report or supplemental ann	ual report is tr	uе	and accura	ate and that my signature shall have the sar	ne legal effect as i	f 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: _s

4-26-96 7158613