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0026271

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 766946

1. Corporation Name

PROBUS CLUB OF MARGATE, FLORIDA, INC.

Principal Place of Business

C/O LILY LANE  
 7684 N.W. 18TH ST.  
 MARGATE FL 33063-3122

Mailing Address

C/O LILY LANE  
 7684 N.W. 18TH ST.  
 MARGATE FL 33063-3122



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/11/1983

4. FEI Number

59-2289572

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

9. Name and Address of Current Registered Agent

LIEBMAN, BESSIE  
 7640 NW 18TH STREET  
 MARGATE FL 33063

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

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

T LANE, LILY  DELETE  
 STREET ADDRESS 7684 N.W. 18TH ST.  
 CITY-ST-ZIP MARGATE, FL 33063 33063

C/S WALNICK, ESTELLE  DELETE  
 STREET ADDRESS 7610 N.W. 18TH ST  
 CITY-ST-ZIP MARGATE, FL 33063 33063

D LIPMAN HARRIET  DELETE  
 STREET ADDRESS 7684 NW 18TH ST.  
 CITY-ST-ZIP MARGATE, FL 33063

D FRANKLIN, RHODA,  DELETE  
 STREET ADDRESS 462 LAUREL DR.  
 CITY-ST-ZIP MARGATE FL 33063

D SATCHELL, SAM  DELETE  
 STREET ADDRESS 7690 N.W. 18TH ST  
 CITY-ST-ZIP MARGATE, FL 33063 33063

P LIEBMAN, LEON  DELETE  
 STREET ADDRESS 7640 NW 18TH STREET  
 CITY-ST-ZIP MARGATE FL 3306

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 V.P.  
 1.2 NAME DABROW, ESTELLE  
 1.3 STREET ADDRESS 7624 NW 18 ST.  
 1.4 CITY-ST-ZIP MARGATE, FL 33063

2.1 TITLE  Change  Addition  
 5  
 2.2 NAME LIEBMAN, BESS  
 2.3 STREET ADDRESS 7640 NW 18 ST.  
 2.4 CITY-ST-ZIP MARGATE, FL 33063

3.1 TITLE  Change  Addition  
 D  
 3.2 NAME BAISE, SYLVIA  
 3.3 STREET ADDRESS 7640 N.W. 18 ST  
 3.4 CITY-ST-ZIP MARGATE, FL 33063

4.1 TITLE  Change  Addition  
 D  
 4.2 NAME ESKIND, SYLVIA  
 4.3 STREET ADDRESS 7610 NW 18 ST.  
 4.4 CITY-ST-ZIP MARGATE, FL 33063

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *Lily Lane* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

Daytime Phone #

CR2E037 (11/98)