

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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-SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 JUN 15 AM 11:48

DOCUMENT # **N02854** (0)

T. Corporation Name

MR. AND MRS. CLUB OF MIAMI BEACH, INC.

Principal Place of Business	Mailing Address
18011 BISCAYNE BLVD 1 S #101 N MIAMI BEACH FL 33160	18011 BISCAYNE BLVD 1 S #101 N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2444452	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 18011 Biscayne Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
22 1 S # 101 City & State	27 City & State
23 No. Mia. Bch. Fl. Zip	28 Country
24 33160	25 Dade
29	30

9. Name and Address of Current Registered Agent

**ABRAHMS, DANIEL
18011 BISCAYNE BLVD
1 S #101
N MIAMI BEACH FL 33160**

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

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABRAHMS, DANIEL
STREET ADDRESS	18011 BISCAYNE BLVD #101
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	VD
NAME	ROBISON, MAXINE
STREET ADDRESS	9072 FROUDE AVE
CITY - ST - ZIP	SURFSIDE FL
TITLE	SD
NAME	DREW, RICHARD
STREET ADDRESS	9027 FROUDE AVE
CITY - ST - ZIP	SURFSIDE FL
TITLE	SD
NAME	LUTTINGER, PHYLLIS
STREET ADDRESS	3280 NE 165 ST
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	TD
NAME	BALKIN, MARVIN
STREET ADDRESS	1200 NE MIAMI GARDENS DR
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	SD
NAME	TOBAK, ESTHER
STREET ADDRESS	2930 POINT E DR #E 606
CITY - ST - ZIP	N MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Sandra B. Mortham, Pres.* **931 4554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____