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

APPROVED AND FILED

95 APR 20 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N14389 (3)

1. Corporation Name

FLORIDA REGION OF THE NATIONAL COUNCIL OF CORVET TE CLUBS, INC.

Principal Place of Business	Mailing Address
2040 S.E. 14TH TERR. CAPE CORAL FL 33990 US	2040 SE 14TH TERR. CAPE CORAL FL 33990 US

3. Date Incorporated or Qualified: 04/14/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2777388 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 51 BEACH AVE	26 51 BEACH AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ATLANTIC BEACH FL	City & State 28 ATLANTIC BEACH FL
Zip 24 32233 Country 25 US	Zip 29 32233 Country 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZABKAR, BRIAN
2040 S.W. 14TH TERR.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name PAYNE CLIFF
82 Street Address (P.O. Box Number is Not Acceptable) 51 BEACH AVE
83
84 City ATLANTIC BEACH FL 85 Zip Code 32233

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 Cliff Payne   4-16-95
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	D
NAME	PAYNE, CLIFF
STREET ADDRESS	51 BEACH AVENUE
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	D
NAME	ZABKAR, BRIAN
STREET ADDRESS	2040 SE 14TH TERR.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D
NAME	BEEBE, LARRY
STREET ADDRESS	2011 MISSION VALLEY BLVD.
CITY-ST-ZIP	NOKOMIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Brian Zabkar BRIAN ZABKAR 4-16-95 813-574-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001943