

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N27924 (2)
1. Corporation Name
712 CLUB, INC.

Principal Place of Business: 712 BELVEDERE ROAD, C/O MARVIN BUSSEY, WEST PALM BEACH FL 33405
Mailing Address: 712 BELVEDERE ROAD, C/O MARVIN BUSSEY, WEST PALM BEACH FL 33405-1108



2. Principal Place of Business: 712 CLUB, INC., 712 BELVEDERE ROAD, WEST PALM BEACH FL 33405
2a. Mailing Address: 712 BELVEDERE ROAD, C/O MARVIN BUSSEY, WEST PALM BEACH FL 33405-1108
22. Suite, Apt. #, etc.
23. City & State
24. Zip: 33401, Country
25. Country, 26. Zip, 27. Country

3. Date Incorporated or Qualified: 08/17/1988
3a. Date of Last Report: 12/31/1996
4. FEI Number: 65-0060962
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FORSHEE, PARICK
8011 BAMA LANE
SUITE #6
WEST PALM BEACH FL 33411

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

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	ROMANI, GEORGE	STREET ADDRESS	220 MALBOROUGH RD STE B	CITY - ST - ZIP	WEST PALM BCH. FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	HECKENDORF, KATIE	STREET ADDRESS	315 EUCALYPTUS #1	CITY - ST - ZIP	WEST PALM BCH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	FORSHER, PATRICK	STREET ADDRESS	2118 E. PALMA CIRCLE	CITY - ST - ZIP	WEST PALM BCH. FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	DEMORY, HOWARD	STREET ADDRESS	1004 N. 18TH AVE.	CITY - ST - ZIP	LAKE WORTH FL	<input type="checkbox"/> DELETE
TITLE	T	NAME	ROUTH, ANNE	STREET ADDRESS	220 MALBOROUGH RD STE B	CITY - ST - ZIP	W PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	FORSLEE, PATRICK	STREET ADDRESS	2118 E. PALMA CIR.	CITY - ST - ZIP	WEST PALM BCH. FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Patrick Forshee* DATE: 3/12/97 DAYTIME PHONE: 561-687-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)