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 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47173** **(2)**

1. Corporation Name
THE MONSTER CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
2200 LUCIEN WAY SUITE 450 MAITLAND FL 32751	2200 LUCIEN WAY SUITE 450 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3105302 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

GINSBURG, RONALD
2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Edward Kleiman
82 Street Address (P.O. Box Number is Not Acceptable): 2200 Lucien Way, Suite 450
83
84 City: Maitland **FL** 85 Zip Code: 32751

11. Pursuant to the provisions of sections 607.0502 and 607.1608, 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 _____ Edward Kleiman 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE *	D	11 TITLE	P ☐ Change ☒ Addition
NAME	GINSBURG, RONALD	12 NAME	Edward Kleiman
STREET ADDRESS	2200 LUCIEN WAY, STE. 450	13 STREET ADDRESS	2200 Lucien Way, Suite 450
CITY-ST-ZIP	MAITLAND FL 32751	14 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GINSBURG, SHARON L	22 NAME	700001487007
STREET ADDRESS	2200 LUCIEN WAY, STE. 450	23 STREET ADDRESS	-04/27/95--01072--007
CITY-ST-ZIP	MAITLAND FL 32751	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GINSBURG, JEFFREY S	32 NAME	
STREET ADDRESS	2200 LUCIEN WAY, STE. 450	33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	4/25/95 MSP
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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, added, or on an attachment with an address.

SIGNATURE: _____ Edward Kleiman 3/28/95 407/000-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031784