

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25, 1999 8:00 am
Secretary of State

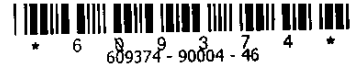
08-25-1999 90004 046 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N960000009621

1. Corporation Name
THE WAYNE NEWTON INTERNATIONAL FRIENDS CLUB INC.

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| Principal Place of Business 290 AKRON RD. LAKE WORTH FL 33467 | Mailing Address 290 AKRON RD. LAKE WORTH FL 33467 |
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|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 02/21/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 65-0644944 |
| 22. City & State | 27. City & State | Applied For Not Applicable |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|---|--|--|-----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MCCONNELL, SHARON D 290 AKRON RD. LAKE WORTH FL 33467 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCONNELL, SHARON D | 1.2 NAME | |
| STREET ADDRESS | 290 AKRON RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWTON, KATHLEEN | 2.2 NAME | |
| STREET ADDRESS | 3422 HAPPY LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAS VEGAS NV | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEMOLA, MARGARET NOEL | 3.2 NAME | |
| STREET ADDRESS | 6409 DOMINICA AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CYPRESS CA | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIOIA, FRANCES | 4.2 NAME | |
| STREET ADDRESS | 8632 EGRET ISLE TR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIBBON, LOUISE | 5.2 NAME | |
| STREET ADDRESS | 2308 WINROCK | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORCH, MICHAEL | 6.2 NAME | |
| STREET ADDRESS | 3422 HAPPY LN | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAS VEGAS NV | 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: Sharon D. McConnell **SIGNATURE REQUIRED** 8/20/99 561-439-5955
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E037 (5/99)