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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000004608**

1. Corporation Name

THE CARIBBEAN AMERICAN CLUB, INC.

Principal Place of Business
 6211 S MARTINDALE AVENUE
 TAMPA FL 33611

Mailing Address
 P.O. BOX 320032
 TAMPA FL 33679



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		08/05/1997	
22	City & State	27	City & State	4.	FEI Number	Applied For
	Zip	28	Zip		59-3466877	Not Applicable
23	Country	29	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	30	Country		<input checked="" type="checkbox"/>	
				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent

TAYLOR, MARY L
 PREVATT ENGLAND & TAYLOR
 201 N FRANKLIN SUITE 2505
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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

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 MILLER, JOSEPH R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 N ROCKY POINT DRIVE STE 1125	1.2 NAME	
STREET ADDRESS	TAMPA FL 33607	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HYNDS, ROWENA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8207 SUNNY OAK DRIVE	2.2 NAME	Cynthia Hunter
STREET ADDRESS	RIVERVIEW FL	2.3 STREET ADDRESS	3808 Randall St. / Apt. A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33611
TITLE	D ERNI, MARY M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6310 N 20TH STREET	3.2 NAME	
STREET ADDRESS	TAMPA FL 33610	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHELTON, RUDY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8502 WILLOW FOREST DR	4.2 NAME	
STREET ADDRESS	TAMPA FL 33614	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SHELTON, EMMA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8502 WILLOW FOREST DR	5.2 NAME	Elsie Catt
STREET ADDRESS	TAMPA FL 33614	5.3 STREET ADDRESS	2796 Forest Parkway S.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo, FL 33771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Joseph R. Miller* SIGNATURE REQUIRED: *Joseph R. Miller* Date: 2-11-99 Daytime Phone #: 813-289-6300 x11

CR2E037 (1/198)