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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750281

1. Corporation Name
THE PLAYERS CLUB ASSOCIATION, INC.

Principal Place of Business 1401 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	Mailing Address 1401 GULF OF MEXICO DR. LONGBOAT KEY FL 34228
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/19/1979 4. FEI Number 59-2156489 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent STICKNEY, SANDRA, C 1401 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	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
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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 D <input type="checkbox"/> DELETE NAME MELVIN, ROY STREET ADDRESS 1425 GULF OF MEXICO DR, D-205 CITY-ST-ZIP LONGBOAT KEY FL 34228	1.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MELVIN, ROY 1.3 STREET ADDRESS 1425 GULF OF MEXICO DR, D-205 1.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228
TITLE P <input checked="" type="checkbox"/> DELETE NAME CHARLES GEHRIE STREET ADDRESS 1425 GULF OF MEXICO DRIVE, #301 CITY-ST-ZIP LONGBOAT KEY FL	2.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME HOLSTEN, RICHARD 2.3 STREET ADDRESS 1465 GULF OF MEXICO DR, B-205 2.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228
TITLE D <input checked="" type="checkbox"/> DELETE NAME GOLDSMITH, DONALD STREET ADDRESS 1485 GULF MEXICO DR A309 CITY-ST-ZIP LONGBOAT KEY FL	3.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME GAINSBORO, LEON 3.3 STREET ADDRESS 1485 GULF OF MEXICO, DR., A 302 3.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228
TITLE S <input checked="" type="checkbox"/> DELETE NAME DEMERS, HELENE STREET ADDRESS 1425 GULF OF MEXICO DR D401 CITY-ST-ZIP LONGBOAT KEY FL	4.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME HELM, BUD 4.3 STREET ADDRESS 1445 GULF OF MEXICO DR., D-501 4.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228
TITLE VP <input checked="" type="checkbox"/> DELETE NAME PELLETZ, STANLEY STREET ADDRESS 1445 GULF OF MEXICO DR C204 CITY-ST-ZIP LONGBOAT KEY FL	5.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME WOODS, BETTY 5.3 STREET ADDRESS 1445 GULF OF MEXICO DR, C-204 5.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228
TITLE DT <input type="checkbox"/> DELETE NAME ROSEN, CHARLES STREET ADDRESS 1485 GULF OF MEXICO DR, A-207 CITY-ST-ZIP LONGBOAT KEY FL 34228	6.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME SILBERT, BURT 6.3 STREET ADDRESS 1425 GULF OF MEXICO DR. 6.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228

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:  **NOT RECORDED** FEB 12 1999 (941)-383-8741
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)