FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90093 005 ***150.00

CHULF BEACH CLUB, INC.

Principal Place of Business	Mailing Address				
P.O. Box 1379	P.O. Box 1379				
TULSA, OK 74101	TIL - 2 AV 7410	NI.	DO NOT WRITE IN THI	S SPACE	
14101	TULSA, OK 7410	J1	3. Date Incorporated or Qualifed		
U.S.	U.S.		01 01 1937		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-0531546	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Coo	untry	This corporation owes the current year in Personal Property Tax.	ntangible ⊠Yes □No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	10. Name and Address of New Registered Agent		
MODRE, TUCKER		81 Name			
		82 Street A	Street Address (P.O. Box Number is Not Acceptable)		
		83			
REDINGTON BEACH	, FL 33708	84 City	F	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

agent. i ar	n familiar with, and accept the obligations of, Section 607.0505, Fi	Onda Glaidles.	•	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOI	E: Registered Agent signature r	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE	PST DELETE	1.1 TITLE	☐ Chang	e
NAME	MOORE, C.T.	1.2 NAME		
STREET ADDRESS		1.3 STREET ADDRESS		
CITY-ST-ZIP	16400 GIULF BLUD, SUITE 507 N. REDINATION BEACH, FL 33708	1.4 CFTY-ST-ZIP		
TITLE	VD □ DELETE	2.1 TITLE	Chang	e Addition
NAME	CARTWRIGHT, MARY K.	2.2 NAME		
STREET ADDRESS	5309 E. PALDMIND RD.	2.3 STREET ADDRESS]
CITY-ST-ZIP	PHOENIX, AZ 85018	2.4 CITY-ST-ZIP		
TITLE	VD □ DELETE	3.1 TTLE	☐ Chang	e Addition
NAME	MODRE, MELISSA	3.2 NAME		f
STREET ADDRESS	16400 GULF BLVD, SLITE 507	3.3 STREET ADDRESS]
CITY-ST-ZIP	REDINGTON BEACH, FL 33708	3.4, CITY-ST-ZIP		
TITLE	V □ DELETE	4.1 TITLE	Chang	e
NAME	MOHR, B.A.	4. 2 NAME		
STREET ADDRESS	16400 GILLE BLVD, SLITE 507	4.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON BEACH, FL 33708	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Chang	e 🗌 Addition
NAME		5.2 NAME		ſ
STREET ADDRESS		5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Chang	e 🔲 Addition
NAME		6.2 NAME		1
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 607, 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: JULY SIGNATURE AND TYPED OF PRINTED PLANE OF SIGNING OFFICER OR DIRECTOR GOOD CONTROL OR GOOD CONTR

CR2E034 (11/98)