FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **311282** **(8)**

1. Corporation Name

ROYAL PALM POLO - SPORTS CLUB, INC.

Principal Place of Business

6300 CLINT MOORE ROAD
BOCA RATON FL 33496

Mailing Address

6300 CLINT MOORE ROAD
BOCA RATON FL 33496

3. Date Incorporated or Qualified: **11/28/1966**

3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip 29 County 30

4. FEI Number: **73-0760313** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statute ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III,ESQ
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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 607.0502 and 617.1502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME: OXLEY, THOMAS E.		1a NAME	
STREET ADDRESS: 11798 GREYSTONE DRIVE		1b STREET ADDRESS	
CITY-ST-ZIP: BOCA RATON FL		1c CITY-ST-ZIP	
TITLE: VTD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME: RAINS, THOMAS E.		2a NAME	
STREET ADDRESS: 1300 WILLIAMS CENTER TWR		2b STREET ADDRESS	
CITY-ST-ZIP: TULSA OK		2c CITY-ST-ZIP	
TITLE: AS	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME: KING, JEAN		3a NAME	
STREET ADDRESS: 1305 WILLIAMS CENTER TWR		3b STREET ADDRESS	
CITY-ST-ZIP: TULSA OK		3c CITY-ST-ZIP	
TITLE: AT	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME: WHITE, COLLEEN		4a NAME	
STREET ADDRESS: 1305 WILLIAMS CENTER TWR		4b STREET ADDRESS	
CITY-ST-ZIP: TULSA OK		4c CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5a NAME	
STREET ADDRESS		5b STREET ADDRESS	
CITY-ST-ZIP		5c CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6a NAME	
STREET ADDRESS		6b STREET ADDRESS	
CITY-ST-ZIP		6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, and accurate; that I am executing this report in accordance with Section 119.07(3)(i), Florida Statutes. I further certify that the corporation indicated for filing an annual report or supplemental amendment to 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 above, or on an attachment with an absent affirmative.

SIGNATURE: Jean King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean King, Assistant Secretary

3/28/96
Date

(918) 584-1978
Daytime Phone #