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

PROFIT CORPORATION ANNUAL REPORT

1997

CLUBS AGENCY, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 353266

(0)

FILED
Jan 14 1997 8:00am
Secretary of State



Principa Place of Business Maring Address									
		Malling Address				( 1227 4 1121 4 1122 1114 1121 2111 2111			
6175 NW 153 S STE 309	STR		8175 NW 153 ST #309 Miami Lakes FL 33014-2435 US						
MIAMI LKS FL	33014	#							
US	00017					3. Date Incorporated or Qualified 3a. Date of Last Report			
						10/02/1969	03/19/1		эроп
2. Princ pal FI	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number	1 00/10/1		plied For
21		26				59-1501906	. •	_ <del></del> -	ot Applicable
Suite Apt.	# etc:	Suite, Apt. #, etc	······			38 130 1800	¢s	_	
22		27				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			may be to Fees
Zip Courtry		Zip				8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29		30			Florida Statutes Yes No			
	9. Name and Address of Curre					10. Name and Address of New Re			
DIA	MOND, FRED		1	31	Name		<del> </del>		
	5 NW 153 ST, 309		ļ.		6: 1411	150.5	<del></del>		
	MI LAKES FL 33014		1	32	Street Addres	dress (P.O. Box Number is Not Acceptable)			
			1	33					
			[8	34	City		FL 85	Zip (	Code
11. Pursuant	to the provisions of Sections 607 05	502 and 607.1508, Florida !	Statutes, the abo	ove	e-named corpo	ration submits this statement for the p	urpose of chan	ging it:	s registered
office or n	egistered agent, or both, in the Sta m familiar wah, and accept the obti	ite of Florida. Such change ligations of: Section 607.050	was aufhorized )5. Florida Statu	by tes	/ the corporatio s.	on's board of directors. I hereby accept	t the appointm	ent as	registered
			,						
SIGNATURE	Etymaton , typeckor prochast arresof top a teredia	agent and tital happonable	(NOTE: Registered	Ager	nt signature required	twhen reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12
TITLE			E 11701L	11 THLE			□ c	hange	Addilion
NAME	DIAMOND, FRED	į.	1.2 NAA	Æ					
STREET ADDRESS	6175 NW 153 ST, 309		1.3 STR	EET	ADDRESS				
CHTM - ST - ZIP	MIAMI LAKES FL	1.4 (		1.4 CITY - ST - ZIP					
TIFLE	STD	🔲 DELET	E 21 TITL	21 TITLE				hange	Addition
NAME	DIAMOND, SUE		2 2 NAA	Æ					
STREET ADDRESS	6175 NW 153 ST, 309		2 3 STR	EET	ADDRESS				
CITY - ST - 7IP	MIAMI LAKES FL		2 4 CiT	Y-S	ST-ZIP				
TITLE		DELET	E 31717L	.F			□ C	hange	Additron
NAME			3 2 NAN	ΛĒ		ï			
STREET ADDRESS			3 3 STR	FET	ADDRESS				
CITY - ST - ZIP			3 4. CIT	<u>Y - S</u>	ST - 7IP				
TITLE		☐ DELET	É 41 TITL	.F			C	hange	Addition
NAME			4 2 NA	ME					
STREET ADDRESS			43 STR	EET	ADDRESS				
CHY-ST-ZIP			4.4 CiTY	r - S1	T-ZIP				
TIFLE		☐ DELET					□ c	hange	Addition
NAME			5.2 NAN	ΛE					
STREET ADDRESS			53 SIR	EFT	ADDRESS				
CITY - S1 - ZIP			5.4 C <sub>1</sub> T1						
TITLE		DELF1					□ C	hange	Addition
NAME			6.2 NAN	AE					
STREET ADDRESS					ADDRESS				

14. I do hereby cert ly 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 12 or Block 12 or an at attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Dayline Phone #