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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 419800

(8)

CLUB 21 OF FORT MYERS INC

Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



3210 DR. MARTIN LUTER KING JR. BOULEVARD 3210 DR. MARTIN LUTER KING JR. BOULEVARD FT. MYERS FL 33918 FT. MYERS FL 33916 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1973 2a. Mailing Address 2. Principal Place of Business Applied For 2524 Henc 2524 HendersonAVE 59-1533334 Not Applicable \$8.75 Additional V 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name THOMPSON, PATRICIA A. 2524 HENDERSON AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 63 84 City Zip Code 85 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS Addition DELETE Change 1 1 TITLE TITLE THOMPSON, PATRICIA 1.2 NAME NAME 2425 HENDERSON AVE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 City - ST - ZiP DELE 1E Change Addition 2.1 TITLE TITLE NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST-ZIP DELETE Change Addition TITLE 51 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE STREET ADDRESS

14. Thereby 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 ennual 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. I further certify that the information indicated on this enual report of supplemental annual report of the receiver of trustee 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this enual report of supplemental annual report of supplemental annual report of the receiver of the exemption of the receiver of th

SIGNATURE:

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