# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704428 (2)

1. Corporation Name
OPTIMRS CLUB OF MIAMI BEACH INC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BETTY GOTTLIEB<br>5838 COLLINS AVENUE. #3A<br>MIAMI BEACH FL 33140<br>US | C/O BETTY GOTTLIEB<br>5838 COLLINS AVE. #3A<br>MIAMI BEACH FL 33140<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/17/1962 | 3a. Date of Last Report: 03/09/1994 |
| 4. FEI Number: 59-6159342 | ☐ 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

HORNREICH, BEVERLY
7508 JEWEL AVENUE
NORTH BAY VILLAGE FL 33141

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 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | RENKOFF, ESTELLE | 1.2 NAME | JUDI PLATT | |
| STREET ADDRESS | 12955 SW 16 CT #413 | 1.3 STREET ADDRESS | 1564 Daytonia Road | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 1.4 CITY-ST-ZIP | Miami Beach, Fla. 33141 | |
| TITLE | TD | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | GOTTLIEB, BETTY | 2.2 NAME | | |
| STREET ADDRESS | 5838 COLLINS AVE. #3-A | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BCH, FL 00000 | 2.4 CITY-ST-ZIP | 33140 | |
| TITLE | VPD | 3.1 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | ROBIN, VIVIAN | 3.2 NAME | SEGAL, HELEN | |
| STREET ADDRESS | 10295 COLLINS AVE | 3.3 STREET ADDRESS | 9111 E. Bay Harbor Dr. #3E | |
| CITY-ST-ZIP | BAL HARBOR FL | 3.4 CITY-ST-ZIP | Bay Harbor Island, Fla. 33154 | |
| TITLE | RSD | 4.1 TITLE | | ☐ Change ☒ Addition |
| NAME | KUR, NORMA | 4.2 NAME | | |
| STREET ADDRESS | 4747 COLLINS AVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL | 4.4 CITY-ST-ZIP | 33140 | |
| TITLE | CTD | 5.1 TITLE | | ☐ Change ☒ Addition |
| NAME | HORNREICH, BEVERLY | 5.2 NAME | | |
| STREET ADDRESS | 7508 JEWEL AVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N BAY VILLAGE FL | 5.4 CITY-ST-ZIP | 33141 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Betty Gottlieb Feb 14 / 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

861-5289

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