


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																		
DOCUMENT # 713628 1. Corporation Name CLEARWATER BREAKFAST JERTOMA CLUB, INC.																																																																				
Principal Place of Business 1230 S. MYRTLE ST. 302 CLEARWATER FL 34614 US 33756		Mailing Address CLEARWATER BREAKFAST JERTOMA CLUB P.O. BOX 665 CLEARWATER FL 33757																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																		
9. Name and Address of Current Registered Agent ROBBINS, RICHARD 1230 S. MYRTLE ST., SUITE 302 CLEARWATER FL 33756		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 617.0502 and 617.1508, 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 617.0503, 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td>P</td> <td>INSALACO, ROBERT</td> <td>3149 ROSEMARY DR.</td> <td>LARGO, FL 33770</td> <td></td> </tr> <tr> <td>D</td> <td>RATCLIFF, DANIEL</td> <td>933 PALMOUTH DR.</td> <td>PALM HARBOR, FL 34684</td> <td></td> </tr> <tr> <td>D</td> <td>WILLISON, CHARLES</td> <td>2 SEASIDE LANE, #PH801</td> <td>BELLEAIR, FL 34616</td> <td></td> </tr> <tr> <td>D</td> <td>SWEENEY, RICHARD</td> <td>101 SUNBURST COURT</td> <td>CLEARWATER, FL 33755</td> <td></td> </tr> <tr> <td>T</td> <td>JAMIESON, HARRY</td> <td>301 JASMINE WAY</td> <td>CLEARWATER, FL 33756</td> <td></td> </tr> <tr> <td>S</td> <td>CONOVER, JOHN</td> <td>1111 BAYSHORE BLVD. #C6</td> <td>CLEARWATER, FL 33759</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	P	INSALACO, ROBERT	3149 ROSEMARY DR.	LARGO, FL 33770		D	RATCLIFF, DANIEL	933 PALMOUTH DR.	PALM HARBOR, FL 34684		D	WILLISON, CHARLES	2 SEASIDE LANE, #PH801	BELLEAIR, FL 34616		D	SWEENEY, RICHARD	101 SUNBURST COURT	CLEARWATER, FL 33755		T	JAMIESON, HARRY	301 JASMINE WAY	CLEARWATER, FL 33756		S	CONOVER, JOHN	1111 BAYSHORE BLVD. #C6	CLEARWATER, FL 33759		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 40%;">1.2 NAME</td> <td style="width: 30%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																																				
SIGNATURE: John D. Conover SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 5/1/98 Daytime Phone #: 813-544-1555																																																																		

CR2E037 (10/97)