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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 717587 (0)

1. Corporation Name
M. T. CLUB, INC.

Principal Place of Business: **60 WEST PELICAN ST. ISLES OF CAPRI NAPLES FL 33962**

Mailing Address: **60 WEST PELICAN ST. ISLES OF CAPRI NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1969**

3a. Date of Last Report: **04/08/1994**

4. FEI Number: **59-1439515**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R., ESQUIRE
WOODWARD, PIRES & ANDERSON, P.A.
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BASTIAN, JACK
STREET ADDRESS	60 W. PELICAN ST., #607
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	PD
NAME	BERRY, JACK
STREET ADDRESS	60 W. PELICAN ST., #202
CITY - ST - ZIP	NAPLES FL
TITLE	TD
NAME	INNIS, ANNA
STREET ADDRESS	60 W. PELICAN ST., #307
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	SD
NAME	SEIDNER, LORRAINE
STREET ADDRESS	60 W. PELICAN ST., #704
CITY - ST - ZIP	NAPLES FL
TITLE	MD
NAME	NUNN, BERNARD J.
STREET ADDRESS	60 W. PELICAN ST.
CITY - ST - ZIP	NAPLES FL
TITLE	DZVP
NAME	WOLFCALC, DON
STREET ADDRESS	60 W. PELICAN ST #208
CITY - ST - ZIP	NAPLES FL 33962

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Remley, FRANK	
1.3 STREET ADDRESS	60 W PELICAN ST # 501	
1.4 CITY - ST - ZIP	NAPLES, FL 33962	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THRASH, CLYDE	
2.3 STREET ADDRESS	60 W PELICAN ST. #405	
2.4 CITY - ST - ZIP	NAPLES, FL 33962	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNA INNIS	
3.3 STREET ADDRESS	60 W. PELICAN ST. #307	
3.4 CITY - ST - ZIP	NAPLES, FL 33962	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STARRELS, Sidney	
4.3 STREET ADDRESS	60 W. PELICAN ST. #703	
4.4 CITY - ST - ZIP	NAPLES, FL. 33962	
5.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NUNN, BERNARD J.	
5.3 STREET ADDRESS	60 W. PELICAN ST. #	
5.4 CITY - ST - ZIP	NAPLES, FL. 33962	
6.1 TITLE	DZVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SIMON, LEE	
6.3 STREET ADDRESS	60 W. PELICAN ST. #306	
6.4 CITY - ST - ZIP	NAPLES, FL. 33962	

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 110.07(3)(k), 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: Anna E. Innis 4-19-95 813-394-3612

TREAS. _____