

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **11/09/1969**
3a. Date of Last Report: **04/24/1995**

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

4. FEI Number: **59-1439515** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REMLEY, FRANK	
STREET ADDRESS	60 W PELICAN ST 501	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THRASH, CLYDE	
STREET ADDRESS	60 W PELICAN ST 405	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	INNIS, ANNA	
STREET ADDRESS	60 W PELICAN ST 307	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STARRELS, SIDNEY	
STREET ADDRESS	60 W PELICAN ST 703	
CITY-ST-ZIP	NAPLES FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	NUNN, BERNARDO J	
STREET ADDRESS	60 W PELICAN ST	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SIMON, LEE	
STREET ADDRESS	60 W PELICAN ST 306	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

No changes

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)(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: *Bernardo J. Nunn* **BERNARDO J. NUNN** 4/3/96 941-394-3058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)