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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34113-4056
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3. Date Incorporated or Qualified 11/09/1969	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1439515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R., ESQUIRE
WOODWARD, PIRS & 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 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 _____ (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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD GRANT RANDALL
4.3 STREET ADDRESS	60 W PELICAN ST #706
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NUNN, BERNARD J.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE Bernardo J. Nunn Mgr. 4/3/97 941-394-3058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080099

CR2E037 (9/96)