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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719950

1. Corporation Name

THE HEMISPHERES SOCIAL CLUB, INC.

Principal Place of Business

C/O DOROTHY ROSS
1985 S. OCEAN DR., APT. 5N
HALLANDALE FL 33009-5939

Mailing Address

C/O DOROTHY ROSS
1985 S. OCEAN DR., APT. 5N
HALLANDALE FL 33009-5939



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21 SAME AS ABOVE	26 SAME AS ABOVE	12/30/1970		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	23-7313568		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing				
<input type="checkbox"/> \$5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent

ROSS, DOROTHY
1985 SOUTH OCEAN DRIVE
APT # 5N
HALLANDALE FL 33009

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DOROTHY	1.2 NAME	
STREET ADDRESS	1985 S. OCEAN DR. APT 5N	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	SAME
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HAROLD	2.2 NAME	
STREET ADDRESS	1980 S. OCEAN DR. APT 21L	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	VDVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, BELLE	3.2 NAME	
STREET ADDRESS	1950 S OCEAN DR #12E	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	VDVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITSTEIN, JEANNE	4.2 NAME	
STREET ADDRESS	1980 S OCEAN DR APT MP	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON, MARY O	5.2 NAME	
STREET ADDRESS	1980 S OCEAN DR APT 70	5.3 STREET ADDRESS	TD EVE SINGER
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	1980 S. OCEAN DRIVE APT. 16B HALLANDALE FL. 33009
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, EDYTHE	6.2 NAME	
STREET ADDRESS	1980 S OCEAN DR APT 20F	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HALLANDALE FL 33009	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

(TREA) 2/15/99 954-457-4084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1-1/98)