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# FILED
# Apr 08, 1999 8:00 am
# Secretary of State
04-08-1999 90104 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # 727677

1. Corporation Name
MEN'S CLUB OF ST. MAURICE, INC.

* 5 6 1 3 8 2 *
561302 - 90084 - 19

| Principal Place of Business | Mailing Address |
|---|---|
| 2851 STIRLING ROAD<br>FT. LAUDERDALE FL 33312 | 2851 STIRLING ROAD<br>FT. LAUDERDALE FL 33312 |

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

3. Date Incorporated or Qualified: 10/08/1973

4. FEI Number: 05-0219100 ☐ 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

9. Name and Address of Current Registered Agent

BURRITT JR, WESLEY E
9567 NW 52ND AVE
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: SHELDON McCARTNEY
82 Street Address (P.O. Box Number is Not Acceptable): 5790 SW. 130th Ave
83
84 City: Ft. LAUDERDALE FL 85 Zip Code: 33330

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: SHELDON McCARTNEY — DATE: 3/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>NAPOLEON, TONY<br>2441 SW 86TH TERR<br>MIRAMAR FL | ☑ DELETE<br>DAVID NIGRO | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRES.<br>DAVID NIGRO<br>1500 NW 110 AVE. # 360<br>PLANTATION, FL. 33322 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BENGOCHEA, AMADOR<br>681 N W 66TH AVENUE<br>PLANTATION FL 33317 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VP<br>SHELTON, RON<br>5240 SW 40th Ave<br>Ft. Laud FL. 33314 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CONNOLLY, MICHAEL<br>2454 TORTUGAS LANE<br>LAUDERDALE LAKES FL 33312 | ☐ DELETE<br>spelling Corrected | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S<br>CONNELLY, MICHAEL<br>2450 TORTUGAS LANE<br>LAUDERDALE ISLES, FL. 33312 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLE, GEORGE<br>2361 N 33RD STREET<br>FT LAUDERDALE FL 33309 | ☑ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | T<br>SHELDON MC CARTNEY - T<br>5790 SW 130 AVE<br>FT LAUD FL 33330 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHELTON, RON<br>5240 S W 40TH TERRACE<br>FT LAUDERDALE FL 33314 | ☑ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>Richard BARRETT<br>3850 Simms ST.<br>Hollywood, FL. 33021 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MEHRINGER, MATT<br>3137 N 41ST CT.<br>HOLLYWOOD FL 33312 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>MATT MARINGER<br>3137 N 41 ST CT<br>Hollywood FL 33312 | ☐ Change ☐ Addition |

CR2E037 (11/98)

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 — 3/31/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #