

9-18-97 B-8408 C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731406** (5)

1. Corporation Name  
**TWO-ELEVEN CLUB, INC.**

Principal Place of Business <b>1277 CYPRESS AVE. MELBOURNE FL 32935 US</b>	Mailing Address <b>1277 CYPRESS MELBOURNE FL 32935 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 257 N. BABCOCK ST.</b>		2a. Mailing Address <b>26 257 N. BABCOCK ST.</b>		3. Date Incorporated or Qualified <b>12/16/1974</b>		3a. Date of Last Report <b>10/14/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>23-7453725</b>		Applied For Not Applicable	
22 City & State <b>Melbourne, FL</b>		27 City & State <b>Melbourne, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip <b>32935</b>		28 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CARPENTER, DARWIN R JR. 1901 S. HARBOR CITY BLVD. SUITE 715 MELBOURNE FL 32901</b>				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 <b>FL</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAM, BRADLEY</b>			1.2 NAME			
STREET ADDRESS	<b>649 SIOUX AVE.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>			1.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COLLINS, PAUL</b>			2.2 NAME	<b>KAREN HANCOCK</b>		
STREET ADDRESS	<b>1386 ARNOLD DRIVE</b>			2.3 STREET ADDRESS	<b>230 CASSIA BLVD</b>		
CITY-ST-ZIP	<b>MELBOURNE FL</b>			2.4 CITY-ST-ZIP	<b>SATELLITE BEACH, FL</b>		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EMBURY, JOHN</b>			3.2 NAME			
STREET ADDRESS	<b>198 RACHEL STREET, #1</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MELBOURNE FL</b>			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WASSMER, CHARLENE</b>			4.2 NAME	<b>S/D WASSMER, Charlene</b>		
STREET ADDRESS	<b>718 BADGER DR., NE</b>			4.3 STREET ADDRESS	<b>718 BADGER DR. NE</b>		
CITY-ST-ZIP	<b>PALM BAY FL</b>			4.4 CITY-ST-ZIP	<b>PALM BAY FL</b>		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CASPERSON, DOROTHY</b>			5.2 NAME			
STREET ADDRESS	<b>215 MARION STREET</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>INDIAN HARBOR BEACH FL</b>			5.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WEBB, MICHAEL</b>			6.2 NAME	<b>P/D Floyd COONS</b>		
STREET ADDRESS	<b>2340 DELAWARE DRIVE</b>			6.3 STREET ADDRESS	<b>1121 SPARKMAN STREET</b>		
CITY-ST-ZIP	<b>MELBOURNE FL</b>			6.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>		

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, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)