

FILE NOW: FILING FEE IS \$61.25

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Apr 14 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 # **732046** (8)  
1. Corporation Name  
**SAN MARCO CLUB, INC**



Principal Place of Business <b>1423 SAN MARCO BLVD. JACKSONVILLE FL 32207</b>	Mailing Address <b>1423 SAN MARCO BLVD. JACKSONVILLE FL 32207-8535</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/04/1975</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-6014899</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SWEAT, TOM M. 1048 CATHCART ST. JACKSONVILLE FL 32211</b>		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	S/D	1.1 TITLE	S/D
NAME	MOURO, WILLIAM	1.2 NAME	HIGLEY, RITA
STREET ADDRESS	4892 NORTH FORD PLACE EAST	1.3 STREET ADDRESS	12496 ATTRILL RD.
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	TD	2.1 TITLE	
NAME	ROSEBOROUGH, DOUGLAS D.	2.2 NAME	
STREET ADDRESS	1078 IBIS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P/D	3.1 TITLE	P/D
NAME	CARSTETTER, MARLENE	3.2 NAME	RIOORDAN, John
STREET ADDRESS	13161 SILVER OAKS DR.	3.3 STREET ADDRESS	12670 DEETER LANE
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	V/D	4.1 TITLE	V/D
NAME	WOOD, ANDY	4.2 NAME	EVANS, JAMES
STREET ADDRESS	444 BARNABY DR.	4.3 STREET ADDRESS	1614 LARUE, APT 13
CITY-ST-ZIP	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DOUGLAS D. ROSEBOROUGH 964-398-9977

CR2E037 (9/96)