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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733834

1. Corporation Name
NATIVITY LEISURE CLUB, INC.

Principal Place of Business 5220 JOHNSON STREET HOLLYWOOD FL 33021-5720	Mailing Address 5220 JOHNSON STREET HOLLYWOOD FL 33021-5720
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/12/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1655177
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SCHLICHTE, PAUL G. 2134 HOLLYWOOD BLVD. HOLLYWOOD FL 33020	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]* DATE: 1-18-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SHORT, HOMER <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	DOLORIS Tymecki <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORT, HOMER	1.2 NAME	DOLORIS Tymecki
STREET ADDRESS	5300 WASHINGTON ST., STE. T-119	1.3 STREET ADDRESS	909 E. HAWTHORNE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE VD	SHORT, DOREEN <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	CHESTER C. Tymecki <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORT, DOREEN	2.2 NAME	CHESTER C. Tymecki
STREET ADDRESS	5300 WASHINGTON ST., STE. T-119	2.3 STREET ADDRESS	909 E. HAWTHORNE CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE TD	BOEHM, CAROLYN <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BOEHM, CAROLYN	3.2 NAME	
STREET ADDRESS	3711 VAN BUREN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE S	RANDAZZO, JOSEPHINE <input checked="" type="checkbox"/> DELETE	4.1 TITLE S	MARY SOUZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDAZZO, JOSEPHINE	4.2 NAME	MARY SOUZA
STREET ADDRESS	5300 WASHINGTON ST. H-233	4.3 STREET ADDRESS	5220 SW 22nd TERR
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE S	LUCHIO, ROSE <input checked="" type="checkbox"/> DELETE	5.1 TITLE S	VIRGINIA MURASSO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCHIO, ROSE	5.2 NAME	VIRGINIA MURASSO
STREET ADDRESS	3600 JACKSON ST.	5.3 STREET ADDRESS	160 NE 205RD TERR. E28
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	NO MIAMI FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: 1/22/99 DAYTIME PHONE #: 987-3300 X1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)