


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736011** (8)

1. Corporation Name
ENGLEWOOD SPORTSMEN CLUB, INC.

Principal Place of Business C/O THOMAS ATCHISON 27 BUNKER ROAD ROTONDA WEST FL 33947	Mailing Address C/O THOMAS ATCHISON 27 BUNKER ROAD ROTONDA WEST FL 33947
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1976	3a. Date of Last Report 05/01/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number APPLIED FOR		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ATCHISON, THOMAS 27 BUNKER RD. ROTONDA W. FL 33947		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	P.D.
NAME	ROSS, MIKE	1.2 NAME	SHELDON SMITH
STREET ADDRESS	300 ELM ST	1.3 STREET ADDRESS	11044 SUNNYDALE AVE
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	D	2.1 TITLE	V.D.
NAME	RICE, ALVIN R., JR.	2.2 NAME	STEPHEN MINK
STREET ADDRESS	183 MARK TWAIN LN	2.3 STREET ADDRESS	11864 NAUGATE AVE
CITY-ST-ZIP	ROTONDA WEST FL	2.4 CITY-ST-ZIP	ENGLEWOOD 33981
TITLE	D	3.1 TITLE	S.D.
NAME	MASON, RUSS	3.2 NAME	RICH WINDER
STREET ADDRESS	10044 TOPSAIL AVE	3.3 STREET ADDRESS	234 N. INDIANA AVE.
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD FL 34228
TITLE	DVP	4.1 TITLE	T.D.
NAME	JEWELL, DENNIS	4.2 NAME	PAUL W. KNIGHT
STREET ADDRESS	OXFORD DR	4.3 STREET ADDRESS	39 OAK ST.
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul W. Knight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W. KNIGHT

6-12-96

Date

474-5682

Daytime Phone #

CR2E037 (3/96)