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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736011 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		



2. Principal Place of Business 21		2a. Mailing Address 26 27 Bunker RD		3. Date Incorporated or Qualified 06/03/1976	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	
City & State 23		City & State 28 ROTONDA WEST FLA.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 33947		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 ATCHISON, THOMAS 27 BUNKER RD. ROTONDA W. FL 33947				10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81</td> <td>Name</td> <td></td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>FL 85 Zip Code</td> </tr> </table>				81	Name		82	Street Address (P.O. Box Number is Not Acceptable)		83			84	City	FL 85 Zip Code
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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			
TITLE PD NAME SMITH, SHELDON STREET ADDRESS 11044 SUNNYDALE AVE. CITY-ST-ZIP ENGLEWOOD FL 34224	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD NAME MINK, STEPHEN STREET ADDRESS 11869 NEWGATE AVE. CITY-ST-ZIP ENGLEWOOD FL 33981	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.D. 1.2 NAME 1.3 STREET ADDRESS DOMONOVSKY STEVE 146 W. COWLES ST. ENGLEWOOD FLA. 34223	
TITLE SD NAME WINDER, RICH STREET ADDRESS 234 N INDIANA AVE. CITY-ST-ZIP ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.D. 2.2 NAME 2.3 STREET ADDRESS ATCHINSON MIKE 6354 ROBERTA DR. EAST ENGLEWOOD FLA.	
TITLE TD NAME KNIGHT, PAUL W STREET ADDRESS 351 OAK ST. CITY-ST-ZIP ENGLEWOOD FL 34223	<input type="checkbox"/> DELETE	3.1 TITLE S.D. 3.2 NAME 3.3 STREET ADDRESS VASIL ANTHONY 2745 GRIFFS RD CAPE HAZE FLA.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: PandG WATUKA REQUIRED **1-21-99** **474-5682**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)