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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737151 (1)

1. Corporation Name

V.R.G. MEN'S CLUB, INC.

Principal Place of Business

2400 N.E. 1ST LANE, APT. 309
BOYNTON BEACH FL 33435

Mailing Address

2400 N.E. 1ST LANE, APT. 309
BOYNTON BEACH FL 33435-19373. Date Incorporated or Qualified
10/26/19763a. Date of Last Report
03/04/1996

4. FEI Number

59-1716079

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEVY, BARNET
2400 NE 1ST LANE
#309
BOYNTON BEACH FL 33435-8937

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

Barnet Levy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/97

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WIENER, JACK	
STREET ADDRESS	2615 NE 3RD CT	
CITY - ST - ZIP	BOYNTON BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELMSTEADT, DOROTHY	
STREET ADDRESS	2600 NE FIRST LANE	
CITY - ST - ZIP	BOYNTON BCH, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALBERT VERBY	
STREET ADDRESS	V300 NE 1ST LANE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUTTMAN, IRVING	
STREET ADDRESS	2615 NE 3RD CT	
CITY - ST - ZIP	BOYNTON BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VERBY, ALBERT	
STREET ADDRESS	230 NE 26 AVE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVY, BARNET	
STREET ADDRESS	2400 NE 1ST LANE	
CITY - ST - ZIP	BOYNTON BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORRIS J. WIENER	
1.3 STREET ADDRESS	2615 NE 3RD COURT	
1.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	WILLIAM J. KAPLOWITZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D	
4.3 STREET ADDRESS	2400 NE 1ST LANE	
4.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Barnet Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

7/25/97

CR2E037 (9/96)