


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737151** (1)

1. Corporation Name

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



Principal Place of Business	Mailing Address
2400 N.E. 1ST LANE. APT. 309 BOYNTON BEACH FL 33435	2400 N.E. 1ST LANE. APT. 309 BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified

10/26/1976

4. FEI Number

59-1716079

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 330 N.E. 26 <sup>th</sup> Ave	26 330 N.E. 26 <sup>th</sup> Ave
22 Suite, Apt. #, etc. # 315	27 Suite, Apt. #, etc. # 315
23 City & State BOYNTON BEACH, FL	28 City & State BOYNTON BEACH, FL
24 Zip 33435	29 Zip 33435
25 Country	30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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	LESSINGER, EDWARD
82 Street Address (P.O. Box Number is Not Acceptable)	330 N.E. 26 <sup>th</sup> Ave
83	# 315
84 City	BOYNTON BEACH FL
85 Zip Code	33435

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 Edward Lessinger

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/14/98

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIENER, MORRIS J	
STREET ADDRESS	2615 NE 3RD CT	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELMSTADT, DOROTHY	
STREET ADDRESS	2600 NE FIRST LANE	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLOWITZ, WILLIAM J	
STREET ADDRESS	2400 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, BARNET	
STREET ADDRESS	2400 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LESSINGER, EDWARD	
4.3 STREET ADDRESS	330 N.E. 26 <sup>th</sup> Ave # 315	
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 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: Edward Lessinger 11/14/98 (1561) 737-1448

CR2E037 (10/97)