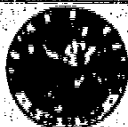


FILE NOW: FILING FEE AFTER MAY 1 IS \$15.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748840 (6)

1. Corporation Name

THE JAMAICAN DOMINO CLUB OF FORT LAUDERDALE, INC

Principal Place of Business

Mailing Address

THE JAMAICAN DOMINO CLUB OF FT.LAUD. INC.
200 N.W. 22ND AVENUE
FT. LAUDERDALE FL 33311-0636
US

THE JAMAICAN DOMINO CLUB OF FT.LAUD. INC.
200 N.W. 22ND AVENUE
FT. LAUDERDALE FL 33311-0636
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/10/1979 3a. Date of Last Report 05/01/1994

4. FEI Number 16-4188110 Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROYES, DENHAM
1020 S.W. 75TH AVENUE
PLANTATION FL 33317

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Denham Royes

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CLOVER, EARLE Y
STREET ADDRESS 711 N.W. 39TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME P CLOVER EARLEY
1.3 STREET ADDRESS 711 NW 39th Ave
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE VP
NAME WEIR, SHEILA
STREET ADDRESS 1401 N.W. 51ST AVENUE
CITY-ST-ZIP LAUDERHILL FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME V.P. SHEILA WEIR
2.3 STREET ADDRESS 1401 NW 51st Ave
2.4 CITY-ST-ZIP LAUDERHILL FL 33313

TITLE S
NAME BROMFIELD, JOYCE R.
STREET ADDRESS 4380 N.W. 41ST TERRACE
CITY-ST-ZIP LAUDERLAKES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME S. MONICA MOONAH
3.3 STREET ADDRESS 5541 SW 3rd Court
3.4 CITY-ST-ZIP PLANTATION FL 33317

TITLE T
NAME ROYES, DENHAM
STREET ADDRESS 1020 S.W. 75TH AVENUE
CITY-ST-ZIP PLANTATION FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME T ALVIN BUNNINGHAM
4.3 STREET ADDRESS 4730 NW 19th St
4.4 CITY-ST-ZIP LAUDERHILL FL 33313

TITLE DS
NAME EARLE, CLOVER Y.
STREET ADDRESS 711 NW 39 AVE
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME ROYES, DENHAM
STREET ADDRESS 1020 SW 75 AVE
CITY-ST-ZIP PLANTATION FL

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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:

Alvin Bunningham ALVIN BUNNINGHAM

4/21/95 305-485-2042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #