

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 33311-8636
US

3. Date Incorporated or Qualified **09/10/1979** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		16-4188110		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

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

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 617.150B, 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	P	11 TITLE	P
NAME	CLOVER, EARLEY	12 NAME	DENHAM ROYES
STREET ADDRESS	711 N.W. 39TH AVE.	13 STREET ADDRESS	1020 SW 75th Ave
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	PLANTATION FL
TITLE	VP	21 TITLE	
NAME	WEIR, SHEILA	22 NAME	
STREET ADDRESS	1401 N.W. 51ST AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	MOONAH, MONICA	32 NAME	
STREET ADDRESS	5541 S.W. 3RD CT.	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	
NAME	GUNNINGHAM, ALVIN	42 NAME	
STREET ADDRESS	4730 N.W. 19TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	
NAME	EARLE, CLOVER Y.	52 NAME	
STREET ADDRESS	711 NW 39 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	
NAME	ROYES, DENHAM	62 NAME	
STREET ADDRESS	1020 SW 75 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	64 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:

Alvin Gunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 754-495-2442
Daytime Phone

CR2E037 (12/95)