FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **753856** **(4)**

1. Corporation Name

STINGRAY CLUB,INC.

Principal Place of Business	Mailing Address
14021 S.W. 98TH CT. MIAMI FL 33176 US	P. O. BOX 160541 MIAMI FL 33116-0541 US

3. Date Incorporated or Qualified: **08/05/1980**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2021670** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

MANGANIELLO, LOUIS P
14021 S.W. 98TH CT.
MIAMI FL 33176

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 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☒ Change ☐ Addition
12 NAME	LYONS, JAMES	12 NAME	D
13 STREET ADDRESS	13275 SW 99TH TERRACE	13 STREET ADDRESS	MANN, FREDERICK
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	5225 SW 99 TR MIAMI, FL 33156
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	CRISTIN, JOSPEH	22 NAME	
23 STREET ADDRESS	11930 SW 119TH PLACE	23 STREET ADDRESS	
24 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	BROWARNIK, DIANE	32 NAME	
33 STREET ADDRESS	5990 SW 111 STREET	33 STREET ADDRESS	
34 CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
41 TITLE	PD	41 TITLE	☐ Change ☐ Addition
42 NAME	PRINS, PETER	42 NAME	
43 STREET ADDRESS	10242 SW 27 ST	43 STREET ADDRESS	
44 CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☒ Change ☐ Addition
52 NAME	MARTIN, ARLENE	52 NAME	D
53 STREET ADDRESS	10605 SW 132ND COURT	53 STREET ADDRESS	RUBIN, LEX 13529 SW 108 ST CIRCLE SOUTH
54 CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	MIAMI, FL 33186
61 TITLE	ST	61 TITLE	☒ Change ☐ Addition
62 NAME	MANGANIELLO, LOUIS P	62 NAME	
63 STREET ADDRESS	14021 S.W. 98TH CT.	63 STREET ADDRESS	
64 CITY ST ZIP	MIAMI 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)(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: Louis P MANGANIELLO 4/26/95 305-235-5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040856