


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 754441</b> 1. Corporation Name <b>CENTURY MEN'S CLUB OF BOCA RATON, INC.</b>		
Principal Place of Business 19296 LYONS RD. BOCA RATON FL 33434 US	Mailing Address 19296 LYONS RD. BOCA RATON FL 33434 US	



2. Principal Place of Business 21 <b>CENTURY MENS CLUB</b>	2a. Mailing Address 26 <b>CENTURY MENS CLUB</b>	3. Date Incorporated or Qualified <b>10/02/1980</b>
22 Suite, Apt. #, etc. <b>19296 LYONS RD.</b>	27 Suite, Apt. #, etc. <b>19296 LYONS RD.</b>	4. FEI Number <b>59-2039313</b>
23 City & State <b>BOCA RATON, FL</b>	28 City & State <b>BOCA RATON, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33430</b>	25 Country	29 Zip <b>33430</b>
9. Name and Address of Current Registered Agent <b>SUSSMAN, NAT 341 BRIGHT I BOCA RATON FL 33434</b>		30 Country
10. Name and Address of New Registered Agent		
81 Name <b>HERBERT ROTH</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>101 FANSHAW C</b>		
83 <b>BOCA RATON</b>		
84 City <b>FLORIDA</b> <b>FL</b> 85 Zip Code <b>33430</b>		

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 **Herbert Roth**, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **HERBERT ROTH - TREASURER** *Herbert Roth* DATE **1/6/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVEADOFF, MARTIN</b>	1.2 NAME	
STREET ADDRESS	<b>1020 NEWCASTALE A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIS, LOUIS</b>	2.2 NAME	<b>HERBERT ROTH</b>
STREET ADDRESS	<b>102 SUFFOLK C</b>	2.3 STREET ADDRESS	<b>101 FANSHAW C</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33430</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNAPP, JOSEPH</b>	3.2 NAME	<b>HARRIS, HY</b>
STREET ADDRESS	<b>52 SUFFOLK</b>	3.3 STREET ADDRESS	<b>1047 IFYTHE C</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33430</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>2ND VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMEL, NATHAN</b>	4.2 NAME	<b>WILLIAM SCHWARTZ</b>
STREET ADDRESS	<b>3037 NEWCASTLE B</b>	4.3 STREET ADDRESS	<b>279 BRIGHTON G</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33434</b>
TITLE	<b>FSD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUSSMAN, NAT</b>	5.2 NAME	
STREET ADDRESS	<b>341 DORSET I</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKER, MILTON</b>	6.2 NAME	<b>MILTON ZUCKER</b>
STREET ADDRESS	<b>4026 NEW CASTLE B</b>	6.3 STREET ADDRESS	<b>4026 NEW CASTLE B</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33434</b>

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Herbert Roth* DATE **1/6/99** (561) 482-7851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0419974

CR2E037 (1/198)