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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 756885 (0)

1. Corporation Name
OLYMPUS SOCIAL CLUB, INCORPORATED

Principal Place of Business: **600 THREE ISLANDS BLVD. HALLANDALE FL 33009**

Mailing Address: **600 THREE ISLANDS BLVD. HALLANDALE FL 33009**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1981**

3a. Date of Last Report: **02/23/1994**

4. FEI Number: **59-1877215**

5. Certificate of Status Desired: \$6.75 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

LEE KLOIN
712 SW DIXIE HWY
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: **LEE KLOIN**

82 Street Address (P.O. Box Number is Not Acceptable): **600 3 ISLANDS BLVD.**

83

84 City: **HALLANDALE FL** 85 Zip Code: **33009**

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE KLOIN	1.2 NAME	
STREET ADDRESS	712 SW DIXIE HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL 33009	1.4 CITY - ST - ZIP	
TITLE	TD TREAS.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIANNE ALBERT GERTRUDE LESIER	2.2 NAME	
STREET ADDRESS	600 THREE ISLANDS BLVD 2500 PARKVIEW DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	
TITLE	SECRETARY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, GERTRUDE	3.2 NAME	
STREET ADDRESS	500 THREE ISLAND BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	
TITLE	VD VICE PRES.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVERMAN, MURRAY	4.2 NAME	
STREET ADDRESS	500 THREE ISLANDS BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	4.4 CITY - ST - ZIP	
TITLE	WD DIRECTOR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODONN-SENEY RUTH MAJN	5.2 NAME	
STREET ADDRESS	600 3 ISLAND BLV	5.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	5.4 CITY - ST - ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, JESSIE	6.2 NAME	
STREET ADDRESS	600 E ISLAND BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	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)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gertrude Lesier* H/18/95 305-456-2427

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