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DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 759414 (6)
 1. Corporation Name

GRAND SLAM DUPLICATE BRIDGE CLUB, INC.

Principal Place of Business

Mailing Address

2700 S.W. 22ND AVENUE
 APT. 1415
 DELRAY BEACH FL 33445

2700 S.W. 22ND AVENUE
 APT. 1415
 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/03/1981** 3a. Date of Last Report **02/28/1994**
 4. FEI Number **59-1782259** Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 **911 TAMARIND WAY** 26 **911 TAMARIND WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **BOCA RATON FL.** 27 **BOCA RATON FL.**
 City & State City & State
 23 **33486** 28 **33486**
 Zip Country Zip Country
 24 **Palm Beach** 29 **Palm Beach** 30 **Palm Beach**

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

10. Name and Address of New Registered Agent

MIHEL, PAULINE P
 2700 S.W. 22ND AVENUE
 APT. 1415
 DELRAY BEACH FL 33445

81 Name **BREW L. Allene**
 82 Street Address (P.O. Box Number is Not Acceptable) **911 TAMARIND WAY**
 83 **BOCA RATON FL**
 84 City **BOCA RATON FL** 85 Zip Code **33486**

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 **L. Allene Brew Treasurer** **L. Allene Brew**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when restoring.)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GOODING, JOAN
STREET ADDRESS	2350 N.E. 15TH TERRACE
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	VD
NAME	JOHNSON, ELAYNE
STREET ADDRESS	2738 CASA WAY
CITY-ST-ZIP	DELRAY BCH FL
TITLE	TD
NAME	MIHEL, PAULINE P
STREET ADDRESS	2700 S.W. 22ND AVENUE, APT. 1415
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	ATD
NAME	KWADER, ROSE
STREET ADDRESS	2406 SW 15TH ST.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	ATD
NAME	LEWIS, DOROTHY
STREET ADDRESS	1214 SE 12TH TERRACE
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	SD
NAME	OVELMAN, MARJORIE
STREET ADDRESS	1151 SW 2ND ST.
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gooding Joan
1.3 STREET ADDRESS	2350 N.E. 15TH TERRACE
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OVELMAN, MARJORIE
2.3 STREET ADDRESS	1151 SW 2ND ST
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33486
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KONRAD, IRENE
3.3 STREET ADDRESS	1310 S.W. CYPRESS WAY
3.4 CITY-ST-ZIP	BOCA RATON, FL. 33486
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	L. Allene Brew BREW, L. Allene
4.3 STREET ADDRESS	911 TAMARIND WAY
4.4 CITY-ST-ZIP	BOCA RATON FL. 33486
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVIDSON, ROBERT
5.3 STREET ADDRESS	5155 OAK HILL RD
5.4 CITY-ST-ZIP	DELRAY BEACH FL. 33484
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CULHANE, DONA
6.3 STREET ADDRESS	2600 S. OCEAN BLVD #7A
6.4 CITY-ST-ZIP	BOCA RATON FL 33432

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: **L. Allene Brew** **L. Allene Brew**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

407-367-9525