

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 # 759414 (6)
1. Corporation Name
GRAND SLAM DUPLICATE BRIDGE CLUB, INC



200001788582
-04/22/96--01034--013

Principal Place of Business: 911 TAMARIND WAY, APT. 1415, BOCA RATON FL 33486 US
Mailing Address: 911 TAMARIND WAY, APT. 1415, BOCA RATON FL 33486 US

3. Date of Incorporation For Qualified: 08/03/1981
3a. Date of Last Report: 02/15/1995

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

4. FEI Number: 59-1782259
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BREW, L. ALLENE
911 TAMARIND WAY
APT. 1415
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name: SAME
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 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	GOODING, JOAN 2350 NE 15TH TERRACE POMPANO BEACH FL	1.1 TITLE: PRESIDENT, D. 1.2 NAME: OVELMEN, MARJORIE 1.3 STREET ADDRESS: 1152 S.W. 2ND ST. BOCA RATON, FL. 33486 1.4 CITY - ST - ZIP: BOCA RATON, FL. 33486
TITLE: VP	OVELMAN, MARJORIC 1151 SW 2ND ST BOCA RATON FL	2.1 TITLE: VICE PRESIDENT, D. 2.2 NAME: POCKROS, SIGMUND 2.3 STREET ADDRESS: 22878 GREENVIEW TERRACE 2.4 CITY - ST - ZIP: BOCA RATON, FL. 33433
TITLE: TD	MIEHL, PAULINE P 2700 S.W. 22ND AVENUE, APT. 1415 DELRAY BEACH FL 33445	3.1 TITLE: TREASURER, D. 3.2 NAME: BREW, ALLENE 3.3 STREET ADDRESS: 911 TAMARIND WAY 3.4 CITY - ST - ZIP: BOCA RATON, FL. 33486
TITLE: ATD	KWADER, ROSE 2406 SW 15TH ST. DEERFIELD BEACH FL	4.1 TITLE: SECRETARY 4.2 NAME: SMITH, VIRGINIA 4.3 STREET ADDRESS: 875 E CAMINO REAL 2B 4.4 CITY - ST - ZIP: BOCA RATON, FL. 33432
TITLE: ATD	LEWIS, DOROTHY 1214 SE 12TH TERRACE DEERFIELD BEACH FL	5.1 TITLE: ASST. SECT. 5.2 NAME: TURNER, SYLVIE 5.3 STREET ADDRESS: 1345 B HIGHPOINT WAY 5.4 CITY - ST - ZIP: DELRAY BEACH, FL. 33445
TITLE: SD	OVELMAN, MARJORIE 1151 SW 2ND ST. BOCA RATON FL	6.1 TITLE: ASST. TREASURER 6.2 NAME: CULHANE, DONA 6.3 STREET ADDRESS: 2600 S, OCEAN BLVD. 6.4 CITY - ST - ZIP: BOCA RATON, FL. 33432

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of Section 119.07(3)(b), 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 in person; 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* Date: 4/1/96 Daytime Phone #: 407-367-9525

CR2E037 (12/95)

14-20-96