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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
910
911 TAMARIND WAY - HILLSBOROUGH RD APT. 1415 # 2B
BOCA RATON FL 33486 DEERFIELD BLCH. BOCA RATON FL 33486-5550
US 33441 FL. US 33432

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/03/1981	04/20/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1782259	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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 SMITH, VIRGINIA S.
82 Street Address (P.O. Box Number is Not Acceptable) 875 E. CAMINO REAL 22B
83 APT. 2B
84 City BOCA RATON, FL 85 Zip Code 33432

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 *Virginia S. Smith* *Virginia S. Smith* 5-8-97
Signed typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	OVELMEN, MARJORIE	1.2 NAME	BREW, ALLENE
STREET ADDRESS	1152 S.W. 2ND ST.	1.3 STREET ADDRESS	911 S.W. TAMARIND WAY
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VPD	2.1 TITLE	V.P.
NAME	POCKROS, SIGMUND	2.2 NAME	POCKROS, SIGMUND
STREET ADDRESS	22878 GREENVIEW TERRACE	2.3 STREET ADDRESS	22878 GREENVIEW TER
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	TD	3.1 TITLE	T
NAME	BREW, ALLENE	3.2 NAME	SMITH, VIRGINIA S.
STREET ADDRESS	911 TAMARIND WAY	3.3 STREET ADDRESS	875 E. CAMINO REAL - 2B
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S	4.1 TITLE	S
NAME	SMITH, VIRGINIA	4.2 NAME	ROYE, NANCY
STREET ADDRESS	875 E. CAMINO REAL 2B	4.3 STREET ADDRESS	3001 DEER CREEK BLVD. #253
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	DEERFIELD BCH, FL. 33442
TITLE	AT	5.1 TITLE	AT.
NAME	CULHANE, DONA	5.2 NAME	COOPER, RON
STREET ADDRESS	280 S. OCEAN BLVD.	5.3 STREET ADDRESS	6574 N.W. 39TH TER.
CITY-ST-ZIP	BOCA RATON BEACH FL 33432	5.4 CITY-ST-ZIP	BOCA RATON, FL. 33496
TITLE	SD	6.1 TITLE	D
NAME	OVELMAN, MARJORIE	6.2 NAME	BREW, ALLENE
STREET ADDRESS	1151 SW 2ND ST.	6.3 STREET ADDRESS	911 S.W. TAMARIND WAY
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	BOCA RATON, FL. 33486

14. I do 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.

SIGNATURE: *Virginia S. Smith* 4-11-97 (10) 334 33486

CR2E037 (9/96)