


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759414 (6)**  
1. Corporation Name  
**GRAND SLAM DUPLICATE BRIDGE CLUB, INC.**



Principal Place of Business <b>710 HILLSBORO BLVD DEERFIELD BEACH FL 33441 US</b>	Mailing Address <b>875 E CAMINO REAL #2B BOCA RATON FL 33432 US</b>
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3. Date Incorporated or Qualified <b>08/03/1981</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1782259</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Sulte, Apt. #, etc.	22. Mailing Address Sulte, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

**9. Name and Address of Current Registered Agent**

**SMITH, VIRGINIA S  
875 E CAMINO REAL #2B  
BOCA RATON FL 33432**

**10. Name and Address of New Registered Agent**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREW, ALLENE</b>	
STREET ADDRESS	<b>911 S.W. TAMARINO WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>POCKROS, SIGMUND</b>	
STREET ADDRESS	<b>22878 GREENVIEW TERRACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, VIRGINIA S</b>	
STREET ADDRESS	<b>875 E CAMINO REAL 2B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ROYE, NANCY</b>	
STREET ADDRESS	<b>3001 DEER CREEK BLVD #353</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, RON</b>	
STREET ADDRESS	<b>6574 NE 39TH TERRACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BREW, ALLENE</b>	
STREET ADDRESS	<b>911 SW TAMARINO WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>Smith, Virginia S.</b>
1.4 CITY-ST-ZIP	<b>875 E. Camino Real 2B Boca Raton, FL 33432</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Treasurer</b>
2.3 STREET ADDRESS	<b>Lolita Hounsbery</b>
2.4 CITY-ST-ZIP	<b>3108 Lakeview Blvd. Delray Beach, FL 33445</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_

CFR2E037 (10/97)