

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:07

DOCUMENT # 759878 (2)

1. Corporation Name
10 - 13 CLUB, TREASURE COAST, INC.

Principal Place of Business Mailing Address
P.O. BOX 85-7854 P.O. BOX 85-7854
PT ST LUCIE FL 34985-4854 PT ST LUCIE FL 34985-4854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2155902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 P.O. Box 85-7854 23 City & State PORT ST. LUCIE, FL 24 Zip 34985-7854	25 Suite, Apt. #, etc. 27 P.O. Box 85-7854 28 City & State PORT ST. LUCIE, FL 29 Zip 34985-7854 30 Country ST. LUCIE

9. Name and Address of Current Registered Agent OXLEY, WAYNE 465 SW SUNNYDALE LANE PORT ST. LUCIE FL 34983	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 officer 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME KOZELUHG, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 967 SE BELFAST AVE.	CITY - ST - ZIP PORT ST. LUCIE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE TD	NAME OXLEY, WAYNE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 465 SE SUNNYDALE LANE	CITY - ST - ZIP PORT ST. LUCIE FL	2.2 NAME	
		2.3 STREET ADDRESS 465 SE SUNNYDALE LN	
		2.4 CITY - ST - ZIP PORT ST. LUCIE, FL 34983	
TITLE PD	NAME FLYNN, EDWARD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2991 LOOKOUT BLVD, SO.	CITY - ST - ZIP PT. ST. LUCIE FL	3.2 NAME	
		3.3 STREET ADDRESS 1562 SE CLEARBROOK ST	
		3.4 CITY - ST - ZIP PORT ST. LUCIE, FL 34983	
TITLE VD	NAME MEYER, FRANK	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 365 SE VERADA DR.	CITY - ST - ZIP PORT ST. LUCIE FL	4.2 NAME	
		4.3 STREET ADDRESS 1063 SE FLORESTA DR	
		4.4 CITY - ST - ZIP PORT ST. LUCIE, FL 34983	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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 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 D17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Oxy WAYNE OXLEY 1/25/95 (107) 340-3491