
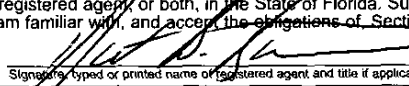


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90081 039 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760156 (0) ✓			
1. Corporation Name CENTURY 21 SOCIAL AND SPORTS CLUB INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent			
BURANDT, ROBERT 1714 CAPE CORAL PARKWAY EAST CAPE CORAL, FL. 33908			
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			
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 agent 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	
		3-19-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT-D	1.1 TITLE	
NAME	MADELINE HURLAHE	1.2 NAME	
STREET ADDRESS	461 APOLLO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	1ST V.P.D	2.1 TITLE	
NAME	JOAN GEABES	2.2 NAME	
STREET ADDRESS	599 GEMINI CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	2ND V.P.D	3.1 TITLE	
NAME	BILL SUTTON	3.2 NAME	
STREET ADDRESS	409 MERCURY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL. 33908	3.4 CITY-ST-ZIP	
TITLE	SECRETARY-D	4.1 TITLE	
NAME	ALICE PEASE	4.2 NAME	
STREET ADDRESS	611 GEMINI CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	TREASURER-D.	5.1 TITLE	
NAME	GRACE EASLICK	5.2 NAME	
STREET ADDRESS	530 MARS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

 GRACE EASLICK

3-18-99

941 466 2922

Date

Daytime Phone #

CR2E037 (11/98)