

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 762687 (2)

1. Corporation Name
CLUB 7621, INC.



Principal Place of Business Mailing Address
C/O KENNETH ROBUS
3214 ROXBURY DRIVE
HOLIDAY FL 34641
US
C/O KENNETH ROBUS
3214 ROXBURY DRIVE
HOLIDAY FL 34691-4723
US

3. Date Incorporated or Qualified 03/31/1982
3a. Date of Last Report 02/28/1996

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 29 Zip 30 Country

4. FEI Number 59-2716635 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
ROBUS, KENNETH
3214 ROXBURY DRIVE
HOLIDAY FL 34691

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

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 KENNETH ROBUS, Fla. Secy. Sandra B. Mortham 2/13/97
Signature, 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	SD	1.1 TITLE	SD
NAME	ROBUS, KENNETH	1.2 NAME	Robus, Kenneth
STREET ADDRESS	3214 ROXBURY DR.	1.3 STREET ADDRESS	3214 Roxbury Dr.
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	PD	2.1 TITLE	PD
NAME	PERENICH, GREG	2.2 NAME	Chrzanowski, Richard
STREET ADDRESS	15740 MUIRFIELD DRIVE	2.3 STREET ADDRESS	P.O. Box 2339 (N/A)
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34682
TITLE	TD	3.1 TITLE	TD
NAME	BONZAGNI, GEORGE A.	3.2 NAME	Bonzagni, George A.
STREET ADDRESS	5845 FLORA AVENUE	3.3 STREET ADDRESS	5845 Flora Avenue
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	VD	4.1 TITLE	VD
NAME	CHRZANOWSKI, RICHARD	4.2 NAME	David P. Murray
STREET ADDRESS	P.O. BOX 2339	4.3 STREET ADDRESS	152 Stafford Cir
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	100002101891
NAME		6.2 NAME	-03/03/97--01016--008
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Sandra Mortham Kenneth Robus 2/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089182

CR2E037 (9/96)