## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F65861

(9)

T.L.C. RECREATION CENTER, INC.

FILED	
Mar 28 1997 8:00a	am
Secretary of State	e

Suite, Apt. #, etc.  22   27   5. Certificate of Status Desired   \$8.75 Additional Fee Required   City & State   City & State   City & State   City & State   Country   State   Country   State   Stat	Principa Piace (	of Business	Mailing Addr	ess			L CORTISON HACE #11E1 DIVING DISOL CONT. BODIT DIGOL DISOL DIGOL BIRTH BIRTH AND I AND I
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Parameter   Para	City & State		28	ate			
9. Name and Address of Current Registered Agent  MCWATERS, DARA 401 SCHNEIDER DRIVE FT WALTON BEACH FL  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Fursiant to the practisons of Sections 607 0502 and 607 1508. Flords Statutes, the above named corporation submits this statement for the purpose of changing its registered agent at models with and accept the despination of Section 607 0505. Flords Statutes.  85 Zip Code  11. Fursiant to the practisons of Sections 607 0502 and 607 1508. Flords Statutes, the above named corporation submits this statement for the purpose of changing its registered agent at mine models with an accept the depointment as registered agent at mine models with an accept the depointment as registered agent at mine models with an accept the depointment as registered agent at mine models with an accept the depointment as registered agent at mine models with an accept the depointment as registered agent at mine models with an accept the depointment as registered agent at mine model with an acceptation of speciment agent with reportation to provide a population of Section Provides and acceptation of the purpose of changing its registered agent at mine models with an acceptation of section of acceptance and provides an acceptance accepts the appointment as registered agent at mine acceptance and acceptation of the purpose of changing its registered adjustered agent and acceptance accepts and acceptance accepts the appointment as registered adjustered agent and acceptance and acceptance accepts accept the appointment as registered adjustered accept the appointment as registered adjustered agent and acceptance accepts and acceptance acceptan	<b></b> -,	Country			າ ໍ		
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## AUTON BEACH FL  ## BS Street Address (P.O. Box Number is Not Acceptable)  ## City			ent Registered Age	nt		61	
### City   FL   85   Zip Code    11. Further 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 agent. I am further with unable with unable control and accept the obligations of Section 607 505. Florida Statutes      11. Further to the provisions of Section 607 1508. Florida Statutes			1		81	Name	ie
### City ### B8 Zip Code  11. Fursion: to the Previous of Sections 677 0509 and 677 1508, Floreds Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of I printed submits of Code of						Stree	et Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutios the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Fordia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Fordia. Statute agent in fundar with inferent agent or provider the other days authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia Statute agent, or both in the State of Fordia State agent, or both in the State of Fordia Statute agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or both in the State of Fordia State agent, or					83		
11. Parameter to the purpleone of Sections 607 0509 and 607 1509. Electrical Statutes he above named corporation submits this statement for the purpose of changing its registered algorit. I am familiar valls, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE  12. OF HICF RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. MAIA.  17. MILE PO					84	City	85 Zip Code
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE	agort Lam SIGNATURE	familiar with, and accept the obli	igations of, Section 6	607.0505, Florid	la Statute:	3	
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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 of 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 clinector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.